

Are Hospital-Related Nursing Programs the Answer?

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Hospital-related nursing education has been a part of the fabric of healthcare and healthcare education in North Carolina for well over a 100 years. During the 1950s there were as many as 44 hospital-related nursing schools preparing graduates for registered nurse licensure and employment positions in North Carolina hospitals. In the 1960s more than 80% of the Registered Nurses (RNs) in the United States were educated in hospital-related programs. With the advent of the community college as well as the ever-changing financial challenges of the hospital industry, many hospitals began closing their nursing education programs or merged them into those new community colleges. By the 1990s, 10% of the United States' nurses were educated in hospital-related programs. It is well documented that in the United States and North Carolina, 60-70% or more of working RNs are employed in hospitals.

Historically, hospital-related programs have awarded the "diploma" as the educational credential to those students who graduated. When hospital-related education began, associate and baccalaureate degree programs in nursing did not exist and the "diploma" was the accepted academic credential. Because hospital-related education began as apprentice-type programs, the perception has lingered that these are nothing more than on-the-job training or workforce development programs. As nursing education has evolved, hospital-related programs have changed from the apprentice style educational formats to curriculum plans, which mirror today's associate and baccalaureate degree programs, including college-level general education courses with nursing major courses. Throughout the United States many hospital-related nursing programs have transitioned to associate degree (ADN) or baccalaureate (BSN) programs as part of becoming colleges of health sciences offering

allied health programs as well as nursing. In 1998 a report on hospital-related colleges prepared by the Lewin Group, identified 348 hospital-related colleges/programs in the United States.

There are five hospital-related colleges/programs in North Carolina: Mercy School of Nursing at Carolinas Health Care System in Charlotte, Presbyterian Hospital School of Nursing at Presbyterian Hospital/Novant in Charlotte, Watts School of Nursing at Durham Regional Hospital in Durham, Cabarrus College of Health Sciences at NorthEast Medical Center in Concord, and Carolinas College of Health Sciences at Carolinas Health Care System in Charlotte. While Mercy, Presbyterian, and Watts' programs continue to award diplomas as the academic credential, the curricula in these programs are comparable to associate degree programs currently offered in North Carolina's community and private colleges. Cabarrus College of Health Sciences and Carolinas College of Health Sciences have developed associate degree nursing programs as part of their strategic development as colleges of health sciences. It is worth noting that both of these institutions include a variety of allied health programs at the associate degree level and Cabarrus College also has baccalaureate degree programs including BSN completion.

While the number of hospital-related programs is small, the impact of each is large in their respective areas. With their inception dates varying from 1895 to 1947, collectively these five programs have graduated approximately 11,000 nurses. Of

Table 1.
North Carolina Hospital-Related Nursing Programs

	% Graduates Staying To Practice In NC	Average Retention Rate	Average Graduation Rate
Cabarrus College of HS	98%	65-70%	60-65%
Carolinas College of HS	97%	65-70%	64%
Mercy SON	96%	60-65%	57%
Presbyterian Hospital SON	98%	60-65%	65%
Watts SON	97%	56%	69%

Program survey data - March 2004. (SON = School of Nursing HS = Health Sciences)

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the 2,467 first-time NCLEX-RN takers in North Carolina in 2002, 10.2% (252) were from the five hospital-related programs. Of the six largest registered nurse education programs in the state (in terms of students taking the NCLEX), two are hospital-related programs, Presbyterian and Carolinas. These five programs also produce graduates who, on average, pass the RN licensure exam at a rate of approximately 90% on first writing.

A hospital-related nursing student tends to be older than the average university student with age ranging from 25-29 years. Most students have prior college experience, degrees, and/or careers in other fields. According to a survey of the five hospital-related programs, (March 2004), 97% of their graduates remain in North Carolina to practice. Most graduates stay within the community where they were educated and many of these associate degree and diploma graduates pursue BSN or master's (MSN) degrees.

Advantages of Hospital-related Nursing Education Programs

Several advantages of hospital-related programs are due to the relationship with their sponsoring hospital. The students in hospital-related programs typically have the best of both the education and the healthcare provider worlds as these hospitals provide excellent, often cutting edge, clinical opportunities. While the programs tend to get first choice for clinical experiences at their sponsoring hospital, most negotiate, as do other programs, for selected and limited clinical sites. All hospital-related programs report that 100% of their full-time faculty are master's prepared and all meet or exceed the NC Board of Nursing requirements for clinical experience. Hospital-related programs provide a significant recruitment resource to their affiliate hospitals, as many of the graduates choose to work in the hospitals where they receive their clinical experiences. Frequently, students in hospital-related programs can find meaningful work experience in the hospital as nursing assistants or other related jobs while they are enrolled in the nursing program. This sets the stage for a seamless transition from the role of student to employee when the student accepts employment beyond graduation. This seamless transition is beneficial for financial, human resources, and orientation reasons. Obviously, it can therefore significantly reduce the cost to hospitals for recruiting and orienting these new graduates. Hospitals sponsoring these programs report consistently lower RN vacancy rates than other hospitals in the state.

Although hospital-related programs are somewhat insulated from state and political budget considerations, a disadvantage for these programs is there is no state or federal funding to support their operations. A prevailing myth is that hospital-related programs are adequately funded due to the Medicare pass-through funding available to hospitals that support nursing and allied health education. While hospitals that sponsor nursing programs are eligible to receive the Medicare pass through funding, it is up to the institution as to how the funding is allocated and that funding represents a modest portion of overall program costs.

Hospital-related programs in North Carolina tend to utilize approximately 80% of their approved NC Board of Nursing slots. It is important to note that on average the hospital-related programs also retain 65-75% of their students in contrast to significantly lower rates of 50% or lower reported by the community colleges. Hospital-related programs report average graduation rates of 60-70%. While some 60-70% of their graduates remain at the sponsoring institutions for employment, these graduates tend to be mobile, but do remain in North Carolina in much higher percentages.

Hospital-related programs have the same concerns as other programs regarding "aging of the professorate" and availability of academically and experientially qualified nursing faculty for replacements. Salaries at these programs generally are more competitive due to internal equity issues including clinical salaries and lower faculty turnover rates. These factors contribute to higher faculty satisfaction rates and stable work environments.

The attributes of hospital-related college programs as described in the Lewin report, which make them valuable to student and local healthcare providers are:

- Programs are closely aligned with and responsive to the healthcare marketplace.
- These programs substantially contribute to local workforce development.
- These programs provide important career mobility opportunities.
- Expertise in clinical teaching is a hallmark of hospital-related programs.

While anecdotal comments reflect that there are hospital administrators who believe that working with the community colleges and the universities is preferable to sponsoring a hospital-related nursing education program, it is worth noting that one major hospital in North Carolina reactivated its nursing education program in the 1990s after many years of working with a local community college, citing issues of insufficient quantity and quality of graduates under the existing relationship. Given the vagaries of today's healthcare economics, especially for hospitals, it may not seem prudent to recommend reactivating hospital-related nursing programs. However, for five hospitals in North Carolina, which have weathered the financial and educational trend storms, nursing shortage issues have been removed from or are very low on their list of priority concerns.

Although the NC Institute of Medicine Task Force on the NC Nursing Workforce did position itself in support of strengthening and expanding all types of nursing education programs in North Carolina in order to meet the projected needs, it became apparent that due to the small number of hospital-related programs as compared to the community college and university systems, these programs would receive limited attention in the Task Force deliberations and recommendations.

Therefore, it is imperative that as policy makers and stakeholders determine how best to respond to the recommendations of the Task Force, hospital-related programs and their students must be included as part of the answer. **NCMJ**

How LPNs Can Be Part of the Solution

Patricia A. Beverage, LPN

One of the most common questions I am asked is: What is the difference between a registered nurse (RN) and a licensed practical nurse (LPN)? My standard response has been their level of education and the dependence or independence of their practice. It is surprising how many medical professionals do not know the difference in the levels of nurses working with them. To them, a nurse, is a nurse, is a nurse.

Licensed practical nurses (LPNs) use specialized knowledge and skills to provide care for the sick, injured, convalescent, and disabled under the direction of physicians and registered nurses. LPNs are required to pass a licensing examination (NCLEX-PN) after completing a state-approved practical nursing program. Thirty-two of the 33 North Carolina PN education programs are a part of the NC Community College System. The Department of the Army runs the one other PN educational program.

LPN Origin and Practice

LPNs were created amidst another severe nursing shortage during World War II. The NC Nurse Practice Act was amended to regulate the practice of a Licensed Practical Nurse. These nurses were to be taught the basic knowledge of pathophysiology and would be educated primarily in the delivery of hands-on nursing care. This would enable RNs to care for a larger number of patients with the assistance of educated and licensed personnel.

Depending upon location, LPNs work in operating rooms, nurseries, and labor and delivery units. LPNs work on medical/surgical units, cardiac and intensive care units. LPNs work in emergency rooms, ambulatory care clinics, public health and occupational health clinics. LPNs provide care in assisted living facilities and in nursing homes. In fact, LPNs supervise care provided by nursing assistants in most nursing homes.

LPNs take vital signs, treat wounds, give medications, and perform venipuncture. LPNs insert catheters, nasogastric tubes, assist with hygiene, feed patients, record intake and outputs in addition to caring for their patient and their family's emotional needs. In some facilities, LPNs can give intravenous medications, hang blood, or other higher levels of care. LPNs can also assist

in developing care plans. In doctor's offices and clinics LPNs perform tasks such as giving immunizations or clerical duties. LPNs also work in private homes, which may include providing simple meals for patients, doing light housekeeping, and teaching the family members to perform simple nursing tasks.

Practical Nurse education prepares LPNs to "assess" patients—just like RNs—and report these assessments to direct supervisors, as do the RNs. The difference is that LPNs are not permitted to perform an intervention without first reporting their findings.

LPN Employment

Over the past 20 years, NC LPNs have seen major changes in the location of their employment opportunities—from being primarily hospital-based to nursing home-based. More LPNs have found employment in community agencies, such as health departments, mental health facilities, hospice and home care.

The US Bureau of Labor Statistics (BLS) predicts a continued decline in LPN positions in hospitals.¹ The BLS also predicts an increase in the use of LPNs in medical offices and clinics,

Table 1.
LPN Place of Employment in 1982 and 2001

Place of Employment	1982	2001
Hospital	62%	19.5%
Nursing Home	15%	39.5%
Community Agencies	1%	9.5%
Medical Offices	8.4%	18.9%

ambulatory surgical centers and emergency medical centers as the occurrence of sophisticated procedures that were only performed in hospitals move to these facilities. Advancing technology will play a major role in the growth of the use of LPNs in these healthcare arenas. LPN employment in nursing homes is also expected to grow, as the need for long-term care expands along with our growing aging population.

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Suggestions from LPN leaders

The elected professionals representing LPNs believe the state of North Carolina could help alleviate part of its nursing shortage by allowing LPNs to play an active role in all aspects of nursing. A noted national leader in nursing, Dr. Margaret McClure, RN, EdD, FAAN, President of the American Academy of Nursing, said it best, “Nursing needs people with different skill sets and talents—whether it’s an aptitude for technology or interpersonal communications. Everyone can find a place to thrive and be happy and be useful in this broad and challenging field.”²

The NC LPN Association Executive Board recommended the following to the NC Institute of Medicine Task Force on the NC Nursing Workforce:

1. Ask employers to help LPNs obtain continuing education. If LPNs do not meet employer needs in facilities, employers should help and/or allow LPNs to obtain those courses or certifications needed to meet these needs.
2. Provide LPNs with career ladders. Offering LPNs an opportunity to advance will inspire them to seek further education or certifications. Recognition, money and benefits are attractive incentives.
3. Involve LPNs and the rest of the staff in developing more flexible and amiable work schedules to help meet their personal needs. This could help decrease the number of “call outs” and the scramble for last minute replacements.
4. Challenge LPNs to improve. LPNs have untapped potential to succeed. Challenge them to do so.

5. Respect LPNs. LPNs would like to feel respected and recognized for the critical role they play in healthcare.

The Task Force Report aptly stated that:

“For adults, with or without family commitments, wishing to enter the nursing workforce, the PNE program is an efficient way of doing so. It assures access into the nursing profession for nontraditional, high school and adult students who do not have more than 12 months to invest in educational pursuits because they must support a family. LPNs have limited opportunity with regard to career ladders and educational programs that allow them to advance their nursing careers. Considering the need for nurses at the bedside, program length and accessibility, the PN education may be one of the more cost-effective ways to increase direct care nursing workforce numbers.”

The Task Force also made recommendations in Chapters 3 and 4 that address some of the NC LPN Association requests. The Task Force recommended that community colleges expand the production of prelicensure PNs (Rec. # 3.1d); hospitals and other nursing employers consider tuition remission programs to encourage their nursing employees to pursue LPN-RN, RN-BSN, MSN or PhD degrees (Rec. # 3.27); and healthcare employers improve the work environment (e.g., by involving nurses in policy making and governance decisions and providing opportunities for advancement) (Rec. 4.1a-j).

We feel this is a first step toward using LPNs as part of the solution to the predicted nursing workforce shortage. Again, as Dr. McClure said, there is a place for everyone in healthcare and nursing. My hope is that this Task Force report helps us to find the means to that end and to make healthcare safe and available for the citizens in North Carolina. **NCMJ**

REFERENCES

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2. Margaret McClure Keynote Address. North Carolina Institute of Medicine Task Force Meeting on the NC Nurse Workforce. February 12, 2003.