NCIOM

TIME FOR ACTION:
Securing A Strong Nursing Workforce for North Carolina

MAY 2024

NCIOM
North Carolina Institute of Medicine

The North Carolina Institute of Medicine (NCIOM) is a nonpolitical source of analysis and advice on important health issues facing the state. The NCIOM convenes stakeholders and other interested people from across the state to study these complex issues and develop workable solutions to improve health care in North Carolina.

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ACRONYMS

AACN - American Association of Colleges of Nursing

ADN - Associate Degree in Nursing

ANA - American Nurses Association

AONL - American Organization for Nursing Leadership

APRN - Advanced practice registered nurse

BSN - Bachelor of Science in Nursing

CDC - Center for Disease Control and Prevention

CMS - Centers for Medicare and Medicaid Services

CNA - Certified Nursing Assistants

CPT - Current Procedural Terminology

CTE - Career and Technical Education

EHR - Electronic health record

HBCU - Historically Black colleges and universities

HCBS - Home- and community-based services

HFMA - Healthcare Financial Management Association

IHI - Institute for Healthcare Improvement

LPN - Licensed practical nurse

LTC - Long-term care

LTSS - Long-term services and supports

NAHN - National Association of Hispanic Nurses

NBNA - National Black Nurses Association

NC AHEC - North Carolina Area Health Education Centers

NCANS - North Carolina Association of Nursing Students

NCBON - North Carolina Board of Nursing

NCCHEN - North Carolina Council of Higher Education in Nursing

NCEMNA - National Coalition of Ethnic Minority Nurse Associations

NC FONAC - North Carolina Future of Nursing Action Coalition

NCGA - North Carolina General Assembly

NCIOM - North Carolina Institute of Medicine

NCLEX - National Council Licensure Examination

NCNA - North Carolina Nurses Association

NCONL - North Carolina Organization of Nurse Leaders

NIOSH - National Institute for Occupational Safety and Health

NLN - National League for Nursing

NPI - National Provider Identifier

PACE - Program for All-Inclusive Care for the Elderly

RN - Registered nurse

SPA - State plan amendment

TPM - Talent Pipeline Management

UNC - University of North Carolina

Time for Action: Securing a Strong Nursing Workforce for North Carolina:
Key Points

STRENGTHENING PATHWAYS TO NURSING CAREERS

- More nurses are needed to support the health of North Carolinians.
- People from all communities who are interested in becoming nurses need easier access to the education to do so.
- The nurse faculty shortage must be addressed and nursing students supported to improve graduation rates.

SUSTAINING THE NURSING WORKFORCE

- Improving nurse retention requires changes to workplace culture, policies, and practices.
- Efforts should focus on eliminating bullying, racism, abuse, and violence in the workplace.
- Structural issues such as documentation burden and inadequate support staff need to be addressed.
- Inclusion of nurses in all levels of health care leadership and decision-making will support retention and positively impact patient outcomes.

VALUING THE WORK OF NURSES

- Intentional efforts should quantify the financial value of nursing care and patient outcomes.
- Health care leaders should identify aspects of payment models for care that support the nursing workforce.
- Public services provided by nurses (e.g., school health, public health, long-term care) should be adequately funded.

TAKING ACTION

- Some employers of nurses are already doing great work to support retention and there are opportunities to share lessons learned from this work.
- Employers of nurses are key to many of the efforts recommended in this report and many will need help to take action.
- Employers of nurses and policymakers will face challenging tradeoffs when deciding how to meet future nursing workforce needs.
- Continued focus and collaboration is needed to implement the recommendations of this report and ensure a strong and adequate nursing workforce for North Carolina.
  - The new North Carolina Center on the Workforce for Health can be a key leader in this effort.

RESPONSIBLE PARTIES AND PARTNERS

X = RESPONSIBLE PARTY; O = PARTNER; * = RESOURCE

Strategy	EMPLOYERS OF NURSES	NC DHHS	NURSING ASSOCIATION	NURSING PROGRAMS	NCGA	NC AHEC	TRADE ASSOCIATIONS	NC DPI	NC CWH	NC FONAC	PHILANTHROPY	NC HEALTH PAYORS	NC BOARD OF NURSING	NC NURSES	OTHER
PREPARING FUTURE NURSES															
Strategy 1 – Expand early pathways to develop a nursing workforce that is representative of the population of North Carolina															
Strategy 1.1			X	X		X		X		X	X				O
Strategy 1.2		*	X				*	*		X	X				O
Strategy 1.3				X						X					O
Strategy 2 – Increase nursing program collaboration, sharing of best practices, and connections with employers															
Strategy 2.1	*				*				X		*				O
Strategy 2.2				X											
Strategy 3 – Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages															
Strategy 3.1			X	X		O									O
Strategy 3.2				O	O										
Strategy 4 – Improve retention and graduation rates of nursing students by supporting economic and material needs and enhancing academic supports															
Strategy 4.1					*								*		
Strategy 4.2	X			X			X						*		
Strategy 4.3				X	X										
Strategy 5 – Enhance the preparation of nursing students through more inclusive educational environments and curriculum															
Strategy 5.1					X										
Strategy 5.2				X											
Strategy 5.3			O	X											
Strategy 5.4	*	*		O		X					*				
DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS															
Strategy 6 – Strengthen transition to practice and early career development for nursing students and new graduates across all care delivery settings															
Strategy 6.1	X			X		X								O	
Strategy 7 – Identify opportunities for nurses to participate in educational advancement, leadership, mentoring, and preceptorship															
Strategy 7.1	X			O		O	*							O	
Strategy 8 – Strengthen opportunities and incentives for later-career nurses to participate in mentor and preceptor roles															
Strategy 8.1	X			O		O	*			*				O	
Strategy 8.2			X											O	
Strategy 9 – Create and promote a supportive and inclusive workplace culture															
Strategy 9.1	X			*			*							O	
Strategy 9.2			X											O	
Strategy 10 – Protect nurses from violence in the workplace															
Strategy 10.1	X			X										O	
Strategy 10.2	*	*			X	*								O	
Strategy 10.3	O			O	O		O								X
Strategy 11 – Increase awareness and support for the mental health of nurses															
Strategy 11.1	X			*			*						*	O	
Strategy 12 – Evaluate the current state of efforts to address equity in the nursing workforce															
Strategy 12.1	O			O										O	
Strategy 12.2											X				X
Strategy 13 – Create robust systems that involve nurses as leaders in decision-making that impacts their work environment, patients, and the interprofessional team															
Strategy 13.1			X												
Strategy 13.2			X												X
Strategy 14 – Improve communication and understanding within interprofessional care teams															
Strategy 14.1	X													O	
Strategy 14.2													X		X
Strategy 14.3		X													
Strategy 15 – Expand opportunities for non-traditional employment schedules and settings and increase family-friendly workplace policies															
Strategy 15.1	X						*				*			O	
Strategy 15.2			X						X						
Strategy 16 – Decrease the experience of high workload and documentation burden for nurses															
Strategy 16.1	X													O	
Strategy 16.2							X								
Strategy 17 – Retain nurses in North Carolina and incentivize practice in needed roles and rural areas															
Strategy 17.1					X										
VALUING THE WORK OF NURSES															
Strategy 18 – Enhance the ability of nurses to advocate for themselves and their profession															
Strategy 18.1			X											O	
Strategy 18.2	X													O	
Strategy 18.3									X					O	
Strategy 19 – Enhance the ability of the public to advocate for nurses															
Strategy 19.1			X												
Strategy 20 – Use value-based payment and develop mechanisms to quantify the importance of nursing in quality care															
Strategy 20.1		X										X			
Strategy 20.2		X													O
Strategy 21 – Explore opportunities for nurses related to National Provider Identifier (NPI) numbers															
Strategy 21.1	*	X	*	*		*							*	X	
Strategy 22 – Increase funding to support school nursing															
Strategy 22.1		X													O
Strategy 22.2		X													X
Strategy 23 – Use funding mechanisms to support the long-term care nursing workforce															
Strategy 23.1		X													
Strategy 24 – Promote RN billing in primary care															
Strategy 24.1						X	*								
Strategy 24.2		X										X			
Strategy 25 – Expand the state budget in key shortage areas for nursing care															
Strategy 25.1					X										

EXECUTIVE SUMMARY

THE ROLE OF NURSES IN HEALTH CARE

Nurses are key members of the health care team. They provide care in all health care environments including public health, schools, primary care, prisons, home health, long-term care facilities, hospitals, and many other settings. As patients, we have been cared for by nurses, who "through long-term monitoring of patients' behavior and knowledge-based expertise... take an all-encompassing view of a patient's wellbeing".[1] Licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice registered nurses (APRNs) serve in a variety of roles and represent a range of educational levels from diploma to doctoral degrees. This report focuses on challenges facing the LPN and RN workforce in North Carolina.

CHALLENGES MEETING THE DEMAND FOR NURSING WORKFORCE

Long-term models show a growing challenge in meeting the demand for nursing workforce in North Carolina. NC Nursecast, a nurse workforce model developed by the Cecil G. Sheps Center for Health Services Research in partnership with the North Carolina Board of Nursing, projects the supply and demand of LPNs and RNs in different settings through 2033 and can depict changes in supply based on different scenarios. Baseline projections show a 27% shortfall in LPN supply by 2033, with the largest shortfall of 49% appearing in long-term care settings like nursing homes and assisted living facilities.[2] Without any changes in trends from baseline projections, there will be an 11% shortfall in RN supply by 2033.[2] The greatest gap is in hospitals, with a potential 17% shortfall in supply.

DRIVERS OF SUPPLY CHALLENGES IN THE NURSING WORKFORCE

Data on position vacancies, turnover, and future gaps in supply and demand show significant challenges facing the nursing workforce and our health care system. News headlines warn of the dire consequences of mental health challenges that nurses face, such as burnout, overload, moral distress, and dissatisfaction. While the COVID-19 pandemic exacerbated these issues, they were endemic prior to the pandemic. Other challenges facing the nursing profession include:

- **Shortage of nursing educators**
- **Stressful work environments**
- **Insufficient staffing**
- **Trauma and burnout compounded by the COVID-19 pandemic**

NCIOM TASK FORCE ON THE FUTURE OF THE NURSING WORKFORCE

With the clear challenges facing the nursing workforce and the anticipation of future challenges with meeting the demand for nurses in our state, the North Carolina Institute of Medicine (NCIOM) launched the Task Force on the Future of the Nursing Workforce in February 2023 to develop recommendations to support the development and retention of the LPN and RN workforce into the future.

The task force was supported by funding from The Duke Endowment, the North Carolina Pandemic Recovery Office, and AARP North Carolina. The task force discussed a variety of issues related to the nursing workforce,

including education, career progression, workplace environment, and how health care payment models impact the workforce. Between February 2023 and January 2024, the full task force met seven times and five work groups met three times.

The task force was co-chaired by Dr. Ernest Grant, PhD, RN, FAAN, Immediate Past President, American Nurses Association, Interim Vice Dean for Diversity, Equity and Inclusion, Duke University School of Nursing; Dr. Catherine Sevier, DrPH, MSN, RN, President Emerita, AARP NC; and Hugh Tilson, Jr., JD, MPH, Director, NC AHEC. They helped guide 11 steering committee members, over 50 task force members, and over 120 work group members through insightful conversations that led to the creation of the recommendations in this report.

Recommendations from the task force are described in Chapters 2–4 of this report.

PREPARING FUTURE NURSES

Recommendations in Chapter 2 focus on strengthening and developing pathways to nursing education, ensuring adequate supply of nursing faculty and clinical instructors, increasing collaboration between nursing programs and employers, improving graduation rates for nursing programs, and ensuring inclusive environments and curriculum.

RECOMMENDATION #1

Develop a strong and diverse nursing workforce that is representative of the communities served and is prepared to meet the growing health care needs of North Carolinians

Strategy 1: Expand early pathways to develop a nursing workforce that is representative of the population of North Carolina

Strategy 2: Increase nursing program collaboration, sharing of best practices, and connections with employers

Strategy 3: Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages

Strategy 4: Improve retention and graduation rates of nursing students by supporting economic and material needs and enhancing academic supports

Strategy 5: Enhance the preparation of nursing students through more inclusive educational environments and curriculum

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DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS

Recommendations in Chapter 3 focus on ensuring that nurses have opportunities for success, development, and leadership from the start of their career to late career, and on creating a workplace culture and environment that supports overall well-being.

RECOMMENDATION #2

Enhance the educational and career advancement of nurses through all stages of their careers, particularly those serving in practice environments experiencing persistent shortage (e.g., hospital, long-term care, underserved, and rural settings)

__Strategy 6:__ Strengthen transition to practice and early career development for nursing students and new graduates across all care delivery settings

__Strategy 7:__ Identify opportunities for nurses to participate in educational advancement, leadership, mentoring, and preceptorship

__Strategy 8:__ Strengthen opportunities and incentives for later-career nurses to participate in mentor and preceptor roles

RECOMMENDATION #3

Ensure a workplace culture that values the physical and psychological safety and well-being of nurses

__Strategy 9:__ Create and promote a supportive and inclusive workplace culture

__Strategy 10:__ Protect nurses from violence in the workplace

__Strategy 11:__ Increase awareness and support for the mental health of nurses

__Strategy 12:__ Evaluate the current state of efforts to address equity in the nursing workforce

RECOMMENDATION #4

Expand the role of nurses in leadership, shared decision-making, and team communication

__Strategy 13:__ Create robust systems that involve nurses as leaders in decision-making that impacts their work environment, patients, and the interprofessional team

__Strategy 14:__ Improve communication and understanding within interprofessional care teams

RECOMMENDATION #5

Improve retention of nurses in practice environments with high rates of turnover or vacancies by addressing work environment issues such as workloads and offering flexibility in scheduling

__Strategy 15:__ Expand opportunities for non-traditional employment schedules and settings and increase family-friendly workplace policies

__Strategy 16:__ Decrease the experience of high workload and documentation burden for nurses

__Strategy 17:__ Retain nurses in North Carolina and incentivize practice in needed roles and rural areas

VALUING THE WORK OF NURSES

Recommendations in Chapter 4 focus on raising awareness and support for the needs of nurses, quantifying the value of the care they provide, and identifying ways that payment for care can support the nursing workforce.

RECOMMENDATION #6

Equip nurses and the public to be strong advocates for nursing and health care improvement

__Strategy 18:__ Enhance the ability of nurses to advocate for themselves and their profession

__Strategy 19:__ Enhance the ability of the public to advocate for nurses

RECOMMENDATION #7

Quantify the value of nursing care

__Strategy 20:__ Use value-based payment and develop mechanisms to quantify the importance of nursing in quality care

__Strategy 21:__ Explore opportunities for nurses related to National Provider Identifier (NPI) numbers

RECOMMENDATION #8

Optimize payment for health care services to support nursing care

Strategy 22: Increase funding to support school nursing

Strategy 23: Use funding mechanisms to support the long-term care nursing workforce

Strategy 24: Promote RN billing in primary care

Strategy 25: Expand the state budget in key shortage areas for nursing care

MOVING FORWARD

The recommendations put forth by the NCIOM Task Force on the Future of the Nursing Workforce represent the initial step in a much-needed, ongoing dialogue and action. For these recommendations to lead to tangible outcomes, sustained effort, collaboration, and investment from all relevant parties are vital.

The task force's call to action extends beyond the confines of this report; it is a call to continually reevaluate, adapt, and innovate in response to the evolving health care landscape and the changing needs of the nursing workforce. The journey toward a more robust, representative, and well-supported nursing workforce in North Carolina is ongoing, requiring persistent advocacy, strategic investment, and a collective commitment to the principles of equity and excellence in nursing education and practice. The future of health care in North Carolina hinges on our ability to heed these recommendations, adapt to emerging challenges, and seize opportunities to elevate the nursing profession for the benefit of all its residents.

REFERENCES

1. What is Nursing? Your Questions Answered | ANA. Accessed March 25, 2024. https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/

2. Supply & Demand Model - NC Nursing Supply & Demand. Accessed March 25, 2024. https://ncnursecast.unc.edu/model/

NCIOM

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CHAPTER ONE

Background on North Carolina's Nursing Workforce

"[N]ursing has a unifying ethos: In assessing a patient, nurses do not just consider test results. Through the critical thinking exemplified in the nursing process, nurses use their judgment to integrate objective data with subjective experience of a patient's biological, physical and behavioral needs. This ensures that every patient, from city hospital to community health center; state prison to summer camp, receives the best possible care regardless of who they are, or where they may be."

– American Nurses Association, https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/

THE ROLE OF NURSES IN HEALTH CARE

Nurses are key members of the health care team. They provide care in all health care environments including public health, schools, primary care, prisons, home health, long-term care facilities, hospitals, and many other settings. As patients, we have been cared for by nurses, who "through long-term monitoring of patients' behavior and knowledge-based expertise… take an all-encompassing view of a patient's wellbeing".[1]

Licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice registered nurses (APRNs) serve in a variety of roles and represent a range of educational levels from diploma to doctoral degrees (See Figure 1). This report will focus on challenges facing the LPN and RN workforce in North Carolina. Figure 2 shows the practice environments where LPNs and RNs serve in North Carolina.

Figure 2. Where RNs and LPNs Practice in North Carolina

Settings Where LPNs Practice	% of LPNs	Settings Where RNs Practice	% of RNs
Nursing Home/Extended Care	33%	Hospital (Acute Care)	52%
Home Health	15%	Ambulatory Care Setting	12%
Ambulatory Care Setting	11%	Other	8%
Other	8%	Home Health	4%
Hospital	8%	Nursing Home/Extended Care	4%
Solo or Group Med Practice	6%	Solo or Group Med Practice	3%
Assisted Living Facility	3%	Hospice	2%
Correctional Facility	3%	Academic Setting	2%
Mental Health Facility	3%	Insurance Claims/Benefits	2%
Community Health	2%	Mental Health Facility	2%
Public Health	2%	Public Health	2%
Hospice	2%	Community Health	2%
Private Duty	1%	School Health Service	2%
School Health Service	1%	Dialysis Center	1%
Insurance Claims/Benefits	1%	Occupational Health	1%
Occupational Health	1%	Correctional Facility	1%
Dialysis Center	.3%	Assisted Living Facility	1%
Academic Setting	.2%	Policy/Planning/Regulatory/Licensing Agency	.2%
Policy/Planning/Regulatory/Licensing Agency	.1%	Private Duty	.2%

Source: North Carolina Board of Nursing. RN/LPN Employment Setting Statistics. November 7, 2023. https://portal.ncbon.com/LicensureStatistics.aspx?ID=103

DEMOGRAPHIC CHARACTERISTICS OF NURSES IN NORTH CAROLINA

The nursing profession is committed to developing nurses who share characteristics with the populations they serve, however, North Carolina's nurse workforce is predominately White and female, as shown in Figure 3. In 2023, the average age of LPNs in North Carolina was 47, while the average age for RNs was 46. See Figures 4 and 5, on the next page, for the age distribution of LPNs and RNs.[2]

Figure 1. Types of Nurses and their Roles

Licensed Practical Nurse (LPN)	Registered Nurse (RN)
• Collects data for ongoing and focused patient assessment • Participates in planning patient care and implements established plan of care as assigned by the RN or other person authorized by law • Participates in patient teaching using established teaching plans and protocols • Updates RN and/or provider with patient status and concerns • Educational level: technical school graduate or diploma	• Conducts holistic patient assessments • Plans and executes nursing interventions, including health promotion, education, counseling, care coordination, and care management • Supports execution of medical treatment plans, such as administering medications • Evaluates and supports the human response to health and illness • Delegates tasks to LPNs and non-licensed personnel • Educational level: associate or baccalaureate degree

Advanced Practice Registered Nurses (APRN)	APRN Practice Specialist Roles
• Have expanded authority to diagnose and treat medical conditions (as defined by state laws) in addition to their nursing practice • Provide behavioral and medical care in both ambulatory and acute care settings • Practice specialties include: 　° Pediatric nurse practitioners 　° Family nurse practitioners 　° Certified nurse-midwives 　° Certified registered nurse anesthetists 　° Clinical nurse specialists 　° Psychiatric mental health nurse practitioners 　° Acute care nurse practitioners • Masters or doctoral degree	• Nurse practitioners prescribe medication and diagnose and treat illnesses and injuries as defined by state laws • Certified nurse-midwives provide gynecological and obstetrical care as defined by state laws • Clinical nurse specialists manage complex client health issues through direct care, consultation, research, education, and administrative roles • Certified registered nurse anesthetists provide anesthesia and related care before and after surgical, therapeutic, diagnostic, and obstetrical procedures • Masters or doctoral degree

Figure 3. Demographics of Licensed North Carolina LPNs and RNs

LPN Race/Ethnicity

White 55%, Black/African American 33%, Hispanic/Latino 4%, Native American 3%, Asian 1%, Unknown 2%, Other 2%

RN Race/Ethnicity

White 75%, Black/African American 13%, Hispanic/Latino 4%, Native American 1%, Asian 5%, Unknown 1%, Other 1%

LPN Race/Ethnicity: 6% Male, 94% Female

RN Race/Ethnicity: 9% Male, 91% Female

Note: Race and ethnicity is unknown for 1% of RNs and 2% of LPNs. Source: North Carolina Board of Nursing. RN/LPN Ethnicity Statistics. https://portal.ncbon.com/LicensureStatistics.aspx?ID=108 and RN/LPN Gender Statistics. https://portal.ncbon.com/LicensureStatistics.aspx?ID=104 November 7, 2023

Source: American Nurses Association. What is Nursing? https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/; University of Kansas Medical Center, What is a Nurse Anesthetist? https://www.kumc.edu/school-of-health-professions/academics/departments/nurse-anesthesia-education/career-paths/what-is-a-nurse-anesthetist.html

Figure 4. Age Distribution of North Carolina Licensed Practical Nurses, 2023

Source: North Carolina Board of Nursing. https://pub.marq.com/NCBONFall2023/#_SiuR64fUIZX

Figure 5. Age Distribution of North Carolina Registered Nurses, 2023
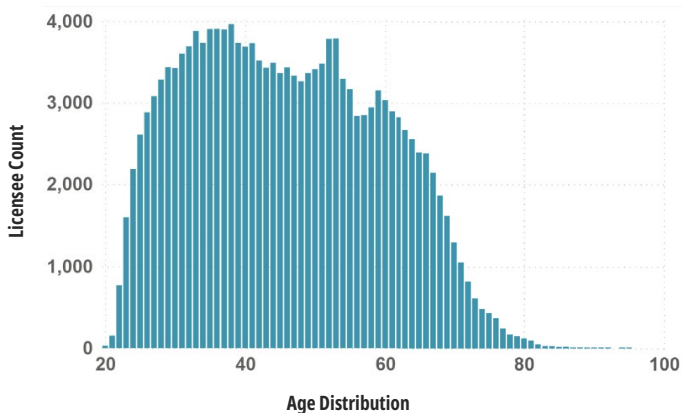
Source: North Carolina Board of Nursing. https://pub.marq.com/NCBONFall2023/#_SiuR64fUIZX

NURSE SUPPLY AND DEMAND IN NORTH CAROLINA

North Carolina has an average of 16.1 LPNs per 10,000 population as of 2022, a decrease from 21.7 per 10,000 population in 2000, with more than half of counties in North Carolina (56) having fewer than the state average.[3] As of 2022, there is an average of 104 RNs per 10,000 population, representing an increase from 89.6 per 10,000 in 2000; however, a majority of counties (80) have fewer RNs than the state average.[3] The geographic availability of nurses by population in North Carolina is depicted in Figure 6.

Figure 6. LPNs and RNs per 10,000 Population by County, North Carolina, 2022

Licensed Practical Nurses per 10,000 Population by County, North Carolina, 2022

- 1-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-45

Registered Nurses per 10,000 Population by County, North Carolina, 2022

- 1-60
- 61-80
- 81-140
- 141-200
- 201-260
- 261-280
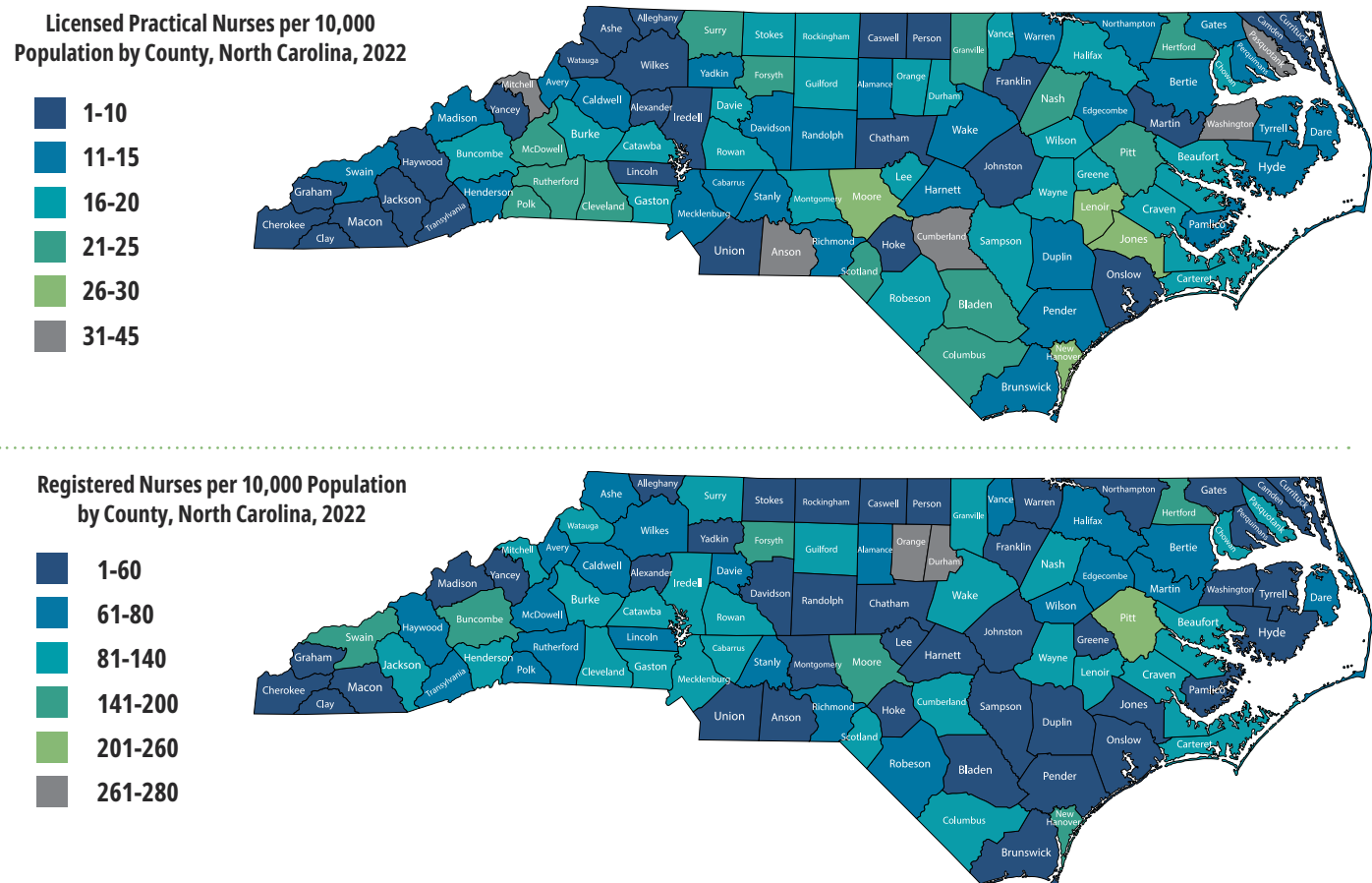
Notes: Data include active, licensed practical nurses in practice in North Carolina as of October 31 of 2022. County counts are based on primary practice location. Some providers may practice in additional locations not shown in primary practice location counts. Licensed practical nurse data are derived from the North Carolina Board of Nursing. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data.

Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created November 07, 2023 at https://nchealthworkforce.unc.edu/interactive/supply/.

GROWING DEMAND FOR NURSES

North Carolina has a population that is aging, currently ranking 9th in the country in the number of people aged 65 and older.[4] By 2028, 1 in 5 North Carolinians will be aged 65 and older, and by 2038 it is estimated that 95 out of 100 counties will have more people aged 60 and older than under 18 years.[4] With age comes increased health care needs, as chronic conditions become more prevalent and long-term services and supports are required to help older adults living in both community and residential care settings. This is particularly true for the population aged 85 and older, which will increase by 114% in the next 20 years. This oldest population experiences increased prevalence of functional limitations, frailty, and chronic diseases, leading to more demand for long-term services and supports.[4]

CHALLENGES MEETING DEMAND

Long-term models show a growing challenge in meeting the demand for nursing workforce in North Carolina. NC Nursecast, a nurse workforce model developed by the Cecil G. Sheps Center for Health Services Research in partnership with the North Carolina Board of Nursing, projects the supply and demand of LPNs and RNs in different settings through 2033 and can depict changes in supply based on different scenarios.[a] Without any changes to workforce trends, NC Nursecast's baseline projection shows a 27% shortfall in LPN supply by 2033, with the largest shortfall of 49% appearing in long-term care settings like nursing homes and assisted living facilities.[5] One scenario, called the "COVID scenario,"[b] was found to be most closely predictive of nurse supply.[6] Under this scenario, by 2033 the state will see a 55% deficit in the supply of needed LPNs in long-term care.

Projections for RNs also show gaps in the supply of nurses (see Figure 7). Without any changes in trends from baseline projections, there will be an 11% shortfall in RN supply by 2033.[5] The greatest gap is in hospitals, with a potential 17% shortfall in supply. Using the most accurate "COVID scenario" creates a 23% gap in supply of RNs in hospitals by 2033.

> *"[E]ven if the state could achieve a 10% increase in new graduate nurse supply, we will still face a shortage of over 10,000 nurses in 2033. These findings highlight the importance of investing in efforts to retain the current NC nurse workforce rather than assuming that growth in the number of nurse graduates will address emerging workforce shortfalls."*
>
> *-The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021. https://ncnursecast.unc.edu/briefs/overview/*

Source: The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021. https://ncnursecast.unc.edu/model/
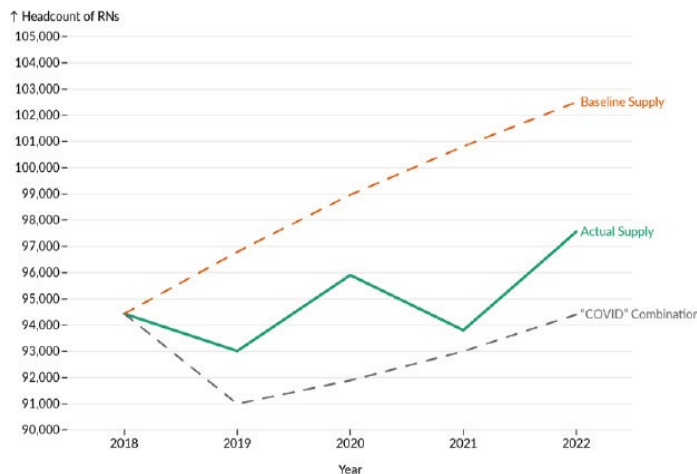
DEVELOPING NEW NURSES

North Carolina has 49 practical nurse (LPN) education programs, 61 Association Decree in Nursing/Associate of Science Degree in Nursing (ADN/ASN) programs, and 37 Bachelor of Science in Nursing (BSN) programs.[7] In fall 2022, total student enrollment in these educational programs was 11,643, which represented a 2.7% increase in enrollment from fall 2021.[8]

Graduates from nursing education programs in North Carolina show differences in patterns of where they first practice. NC Nursecast shows patterns of diffusion from nursing education programs. One trend identified a wide range in new graduates entering rural practice, ranging from about 2% to 49% depending on the institution.[9]

WHAT IS DRIVING THE SUPPLY CHALLENGES IN THE NURSING WORKFORCE?

Data on position vacancies, turnover, and future gaps in supply and demand show significant challenges facing the nursing workforce and our health care system. News headlines warn of the dire consequences of mental health challenges that nurses face, such as burnout, overload, moral distress, and dissatisfaction. While the COVID-19 pandemic exacerbated these issues, they were endemic prior to the pandemic. Other challenges facing the nursing profession include:

- **Shortage of nursing educators**
- **Stressful work environments**
- **Insufficient staffing**
- **Trauma and burnout compounded by the COVID-19 pandemic**

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[a] *"The baseline [NC Nursecast] model assumes that the factors affecting the supply and demand for nursing services in 2019 will continue as they have in prior years. Yet, we know that nursing workforce participation patterns, models of care, and other factors are likely to change. To account for these deviations from the current status quo, we modeled five alternative future scenarios known to affect supply and demand... [and] we also modeled a sixth scenario that combines three of the five scenarios and reflects a situation that could occur together given some early indicators of the [] NC nursing environment and the COVID-19 pandemic." The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021. https://ncnursecast.unc.edu/documentation/*

[b] *The "COVID scenario" is one in which LPNs leave work five years earlier than expected and there is an increase in graduation rates and a decrease in nurses coming from out of state.*

Faculty Shortage: The shortage of faculty to support the education of nurses is a critical bottleneck in expanding nursing education programs. This shortage is partly due to significant salary disparities between clinical nursing and academic positions, deterring nurses from transitioning into teaching roles. With many nursing faculty nearing retirement, the supply of faculty is a significant challenge. The impact of the faculty shortage is far-reaching and affects the number of students admitted to nursing programs.[7]

Workplace Conditions: Nurses frequently encounter a challenging practice environment characterized by stress, exhaustion, and feeling undervalued. According to the ANA 2022 Workplace Survey, a majority of nurses reported experiencing high levels of stress and frustration.[10] The prevalence of bullying, incivility, and violence in the workplace, from other health care providers as well as patients and their families, further exacerbates these issues. **Around 60% of nurses reported experiencing bullying or incivility, and 30% reported facing workplace violence within a year.**[10] These negative work conditions contribute significantly to nurse burnout and attrition, highlighting the need for improved workplace policies and support systems.
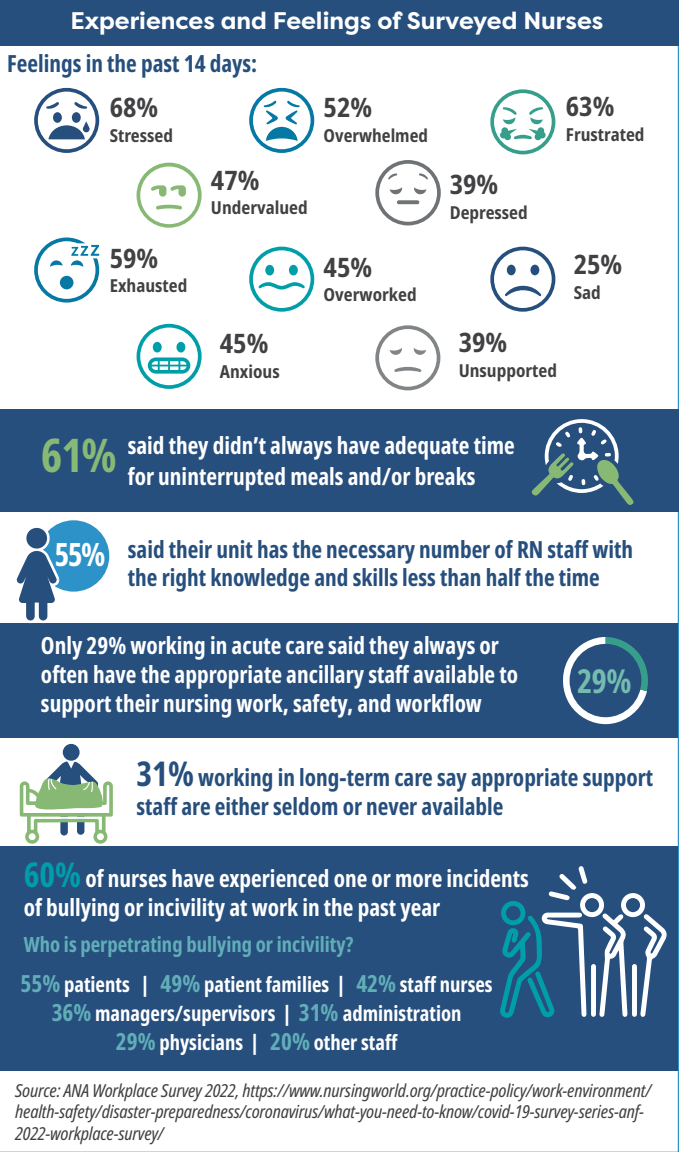
Hearing from Nurses

"Due to staffing shortages, resource shortages, and verbal assaults by patients and their families I dread going to work. I have come to hate working at the bedside."

"Further downtrodden about the future of healthcare. The system runs on people power, and those people are being squeezed to the max. I feel routinely abused by families and neglected by my employer."

"I have anxiety, panic attacks and have started therapy. I don't want to do this anymore."

"I am burned out. I don't feel appreciated and the quality of care we are providing is not fair to the patients."

-Quotes shared via survey by North Carolina Nurses Association, Fall 2022, https://ncnurses.org/about-ncna/latest-news/survey-nurses-burning-out-at-unsustainable-rate/

Experiences and Feelings of Surveyed Nurses

Feelings in the past 14 days:

- 68% Stressed
- 52% Overwhelmed
- 63% Frustrated
- 47% Undervalued
- 39% Depressed
- 59% Exhausted
- 45% Overworked
- 25% Sad
- 45% Anxious
- 39% Unsupported

61% said they didn't always have adequate time for uninterrupted meals and/or breaks

55% said their unit has the necessary number of RN staff with the right knowledge and skills less than half the time

Only **29%** working in acute care said they always or often have the appropriate ancillary staff available to support their nursing work, safety, and workflow

31% working in long-term care say appropriate support staff are either seldom or never available

60% of nurses have experienced one or more incidents of bullying or incivility at work in the past year

Who is perpetrating bullying or incivility?

55% patients | **49%** patient families | **42%** staff nurses
36% managers/supervisors | **31%** administration
29% physicians | **20%** other staff

Source: ANA Workplace Survey 2022, https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-survey-series-anf-2022-workplace-survey/

Racism and Discrimination: As is the case in many health professions, racism and discrimination are entrenched issues in the nursing profession. **The National Commission to Address Racism in Nursing found that nearly half of all nurses perceive "a lot" of racism in the profession, with 63% of nurses having experienced it personally.**[11] These experiences range from microaggressions to outright exclusion and barriers to career advancement. This issue not only affects the nurses involved but also the quality of patient care and hinders the development of an inclusive health care environment.

"I have felt as if there was no way I would advance my career at some facilities due to my race. This has caused stress, anxiety, and some depression."

- National Commission to Address Racism in Nursing, survey respondent

Nearly half of nurses say there is "a lot" of racism in nursing

63% of nurses say that they have personally experienced racism in the workplace

- 92% Black Nurses
- 73% Asian Nurses
- 69% Hispanic Nurses
- 28% White Nurses
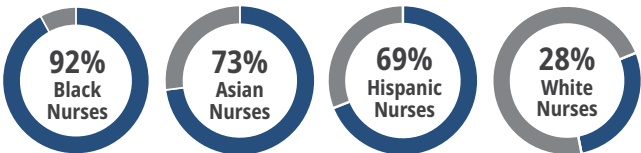
Source: National Commission to Address Racism in Nursing. Racism's Impact in Nursing. Accessed March 26, 2024. https://www.nursingworld.org/~48f9c5/globalassets/practiceandpolicy/workforce/commission-to-address-racism/infographic--national-nursing-survey_understanding-racism-in-nursing.pdf.

Vacancies and High Turnover: Over the past few years, North Carolina health care agencies have reported significant challenges with filling nursing positions. Hospice and palliative care providers, local health departments, skilled nursing facilities, critical access and community hospitals, and schools reported exceptionally long vacancies for RNs and LPNs, with the issue being particularly challenging for RN positions and in rural settings.[12] This situation is further complicated by a turnover rate exceeding 30% in some facilities, leading to chronic understaffing. The reliance on temporary staff, although a necessary measure, can disrupt care continuity and team dynamics. These staffing issues not only strain existing staff but also impact patient care quality, operational costs, and the overall efficiency of health care delivery.

Pandemic Impact: The COVID-19 pandemic has left a lasting impact on the nursing workforce. Over 60% of nurses reported increased workloads, and a substantial number felt emotionally drained, according to the 2022 National Nursing Workforce Survey.[13] The pandemic also triggered changes in the employment landscape, with 3% of RNs and 4% of LPNs leaving the profession, 6% of RNs and LPNs retiring earlier than planned, and 5% of RNs shifting to travel nursing roles.[11,13] **The resultant burnout is concerning, with about half of the nurses contemplating leaving their current position.** This trend of experienced nurses exiting the workforce poses a significant threat to the quality and safety of patient care.

> *"The pandemic has stressed nurses to leave the workforce and has expedited an intent to leave in the near future, which will become a greater crisis and threaten patient populations if solutions are not enacted immediately. There is an urgent opportunity today for health care systems, policymakers, regulators and academic leaders to coalesce and enact solutions that will spur positive systemic evolution to address these challenges and maximize patient protection in care into the future."*
>
> *- Maryann Alexander, Chief Officer of Nursing Regulation, National Council of State Boards of Nursing*

Addressing these challenges necessitates a holistic approach, involving policy changes, improved work conditions, active measures to combat discrimination, and strategic initiatives in nursing education. Solutions must be multifaceted and interconnected to ensure a robust, effective, and sustainable nursing workforce.

NCIOM TASK FORCE ON THE FUTURE OF THE NURSING WORKFORCE

With the clear challenges facing the nursing workforce and the anticipation of future challenges with meeting the demand for nurses in our state, the North Carolina Institute of Medicine (NCIOM) launched the Task Force on the Future of the Nursing Workforce in February 2023 to develop recommendations to support the development and retention of the LPN and RN workforce into the future.

2004 NCIOM Task Force on the North Carolina Nursing Workforce

The NCIOM convened another task force on nursing workforce 20 years ago. *"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; 4) the work environments within which North Carolina nurses practice. Following the task force process, members of the task force 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 workforce. This report presents the task force's findings and recommendations."care we are providing is not fair to the patients."*

– https://nciom.org/task-force-on-the-north-carolina-nursing-workforce-report/

The task force was supported by funding from The Duke Endowment, the North Carolina Pandemic Recovery Office, and AARP North Carolina. The task force discussed a variety of issues related to the nursing workforce, including education, career progression, workplace environment, and how health care payment models impact the workforce. Between February 2023 and January 2024, the full task force met seven times. The task force was supported by five work groups:

1) **Review of 2004 NCIOM Task Force on the Nursing Workforce**
2) **Education and Career Progression**
3) **Equity in Nursing**
4) **Nurse Retention**
5) **Health Care Payment Models and the Nursing Workforce**

In addition, NCIOM staff convened many topic-specific meetings and advisory groups and conducted individual interviews to reflect on draft recommendations. Advisory group topics included rural nursing, future technology, education, and nurse leadership.

The task force was co-chaired by Dr. Ernest Grant, PhD, RN, FAAN, Immediate Past President, American Nurses Association, Interim Vice Dean for Diversity, Equity and Inclusion, Duke University School of Nursing; Dr. Catherine Sevier, DrPH, MSN, RN, President Emerita, AARP NC; and Hugh Tilson, Jr., JD, MPH, Director, NC AHEC. They helped guide 11 steering committee members, over 50 task force members, and over 120 work group members through insightful conversations that led to the creation of the recommendations in this report.

Recommendations from the task force are described in Chapters 2–4 of this report:

Chapter 2 - Developing Future Nurses – Recommendations in this chapter focus on strengthening and developing pathways to nursing education, ensuring adequate supply of nursing faculty and clinical instructors, increasing collaboration between nursing programs and employers, improving graduation rates for nursing programs, and ensuring inclusive environments and curriculum.

Chapter 3 - Nurse Career Progression and Retention – Recommendations in this chapter focus on ensuring that nurses have opportunities for success, development, and leadership from the start of their career to late career, and on creating a workplace culture and environment that supports overall well-being.

Chapter 4 - Valuing Nurses and Nursing Care – Recommendations in this chapter focus on raising awareness and support for the needs of nurses, quantifying the value of the care they provide, and identifying ways that payment for care can support the nursing workforce.

STATE AND NATIONAL EFFORTS TO ADDRESS THE NURSING WORKFORCE CRISIS

The NCIOM Task Force on the Future of the Nursing Workforce was convened at a time when several other state and national groups have worked to discuss, plan, and recommend actions to address various components of the challenges facing the nursing workforce. The following briefly describes the work and results of these various groups.

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE - FUTURE OF NURSING 2020-2030

To develop recommendations for how the nursing profession can "help create a culture of health and reduce disparities in people's ability to achieve their full health potential," the Robert Wood Johnson Foundation partnered with the National Academies of Sciences, Engineering, and Medicine.[14] The National Academies convened a committee of 15 experts in a variety of fields related to nursing and health care to carry out the work, and also "solicited input from additional experts and interested members of the public at two public sessions held in conjunction with committee meetings".[14] The resulting report was "The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity [which] explores how nurses can work to reduce health disparities and promote equity, while keeping costs at bay, utilizing technology, and maintaining patient and family-focused care into 2030. This work builds on the foundation set out by The Future of Nursing: Leading Change, Advancing Health (2011) report".[15]

NATIONAL COMMISSION TO ADDRESS RACISM IN NURSING

Led by the American Nurses Association (ANA), National Black Nurses Association (NBNA), National Coalition of Ethnic Minority Nurse Associations (NCEMNA), and National Association of Hispanic Nurses (NAHN), the National Commission to Address Racism in Nursing has been convened to "examine[] the issue of racism within nursing nationwide focusing on the impact on nurses, patients, communities, and health care systems to motivate all nurses to confront individual and systemic racism".[16]

Its goals are to:

1. "Engage in national discussions within the nursing profession to own, amplify, understand, and change how racism negatively impacts colleagues; patients, families, and communities; and the health care system.

2. Develop strategies to actively address racism within nursing education, practice, policy, and research, including addressing issues of leadership and the use of power.

3. Use the Nursing: Scope and Standards of Practice as a framework to create a roadmap for action to address racism in nursing."[16]

ANA WORKFORCE RECOMMENDATIONS

Five leading nursing organizations (American Association of Critical-Care Nurses [AACN], American Nurses Association [ANA], American Organization for Nursing Leadership [AONL], Healthcare Financial Management Association [HFMA], and the Institute for Healthcare Improvement [IHI]) came together to form the Partners for Nurse Staffing Think Tank.[17] Among other activities, this group convened a task force and published recommendations in 2023 to support safe staffing. "Building upon the short-term recommendations put forth by the Think Tank, the Task Force developed long-term, actionable solutions to support appropriate staffing.... This work culminated in the identification of five imperatives with specific recommendations and actions to address the nurse staffing crisis."[18]

NORTH CAROLINA FUTURE OF NURSING ACTION COALITION

The North Carolina Future of Nursing Action Coalition (NC FONAC) is the coalition committed to implementing the recommendations of the National Academies report in North Carolina. Its mission is to serve "as the driving force transforming health and health care through nursing in our state. Working with diverse partners to create innovative solutions and advance health equity with nurses leading the way in building healthier communities, the North Carolina Action Coalition aims to improve the health and health outcomes of our population".[19] In addition to participating in the NCIOM Task Force on the Future of the Nursing Workforce, the coalition has:

- Strengthened the NC FONAC and AARP partnership by creating regional groups and appointing regional champions for the Charlotte, Coastal, Triangle, Triad, and Mountain regions;

- Convened a statewide continuing education webinar (June 2020), "Nurses Navigating Uncertain Waters", about the effects of ongoing stress, symptoms of trauma, and actions that can promote resilience, in partnership with North Carolina Area Health Education Centers;

- Supported N.C. A&T University and Cone Health in securing a Campaign for Action Nursing Innovations Fund award to address health inequities; and

- Supported Lenoir County in joining the AARP Network of Age-Friendly States and Communities and developing a Master Aging Plan.[19]

NORTH CAROLINA CAREGIVING WORKFORCE STRATEGIC LEADERSHIP COUNCIL

With an interest in addressing issues relevant to the caregiving workforce—specifically behavioral health, nursing, and direct care workers—the secretaries of the North Carolina Department of Health and Human Services and the North Carolina Department of Commerce spearheaded the "convening of a coalition of leaders drawn from state public agencies, educational institutions, and various organizations to collaboratively craft a strategic blueprint to guide the growth of a thriving caregiving workforce within the state".[20] The council developed action items and recommendations to support this workforce. The recommendations related to nursing supported by the council will be discussed in this report where there are commonalities.

NORTH CAROLINA CENTER ON THE WORKFORCE FOR HEALTH

In early 2021, NC AHEC, NCIOM, and the Sheps Center Program on Health Workforce Research and Policy began developing a concept for a statewide center focused on the collaborative and comprehensive development of North Carolina's workforce for health. The NC Center on the Workforce for Health will provide a forum for health employers, workers, educators, regulators, policymakers, and others throughout North Carolina to convene, discuss challenges and opportunities, share best practices and lessons learned, identify potential solutions and metrics for success, and monitor progress toward addressing these challenges. The Center on the Workforce for Health, while still under development, has identified nursing workforce as a priority area of study and action.

CDC HEALTH CARE WORKER BURNOUT

The Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health's (NIOSH) Impact Wellbeing™ campaign is intended to give "hospital leaders evidence-informed solutions to reduce healthcare worker burnout, sustain wellbeing, and build a system where healthcare workers thrive".[21] The campaign encourages hospital leaders to:

- "Administer the NIOSH Worker Well-Being Questionnaire (WellBQ) to understand how your workforce is doing and identify ways to improve health care worker well-being at your hospital."

- "Use the Toolkit from the Dr. Lorna Breen Heroes' Foundation to help remove intrusive mental health questions from your hospital's credentialing applications and make it safe for staff to seek the mental health care they may need."

- "Explore NIOSH's Fundamentals of Total Worker Health® to help improve the safety, health, and wellbeing of your workforce by developing new Total Worker Health (TWH) initiatives or better aligning existing workplace interventions with the TWH approach."

- "Foster a safe work environment by promoting a culture of safety and ensuring adequate staffing. Strategies from the Workplace Change Collaborative can help you make safety a core value at your workplace."[21]

DEBATES IN NURSING AND HOW THEY ARE ADDRESSED IN THIS REPORT

With the largest number of professionals of any role in health care, the nursing community is vast and represents a variety of viewpoints. There is an array of ongoing debates on issues impacting the nursing profession. Some of these are mentioned in this report, however the task force has chosen not to make specific recommendations related to these topics.

- **ADN to BSN progression** – Previous national and state reports related to nursing workforce have encouraged greater emphasis on preparing RNs through Bachelor of Science in Nursing (BSN) programs rather than Associate Degree in Nursing (ADN) programs. The recommendations of the NCIOM Task Force on the Future of the Nursing Workforce related to nursing education focus on ensuring there are opportunities for anyone interested in becoming a nurse to access the education that will work best for them, and for state policymakers and employers of nurses to develop and offer opportunities to nurses interested in continuing their education.

- **Staffing standards** – Discussions around safe staffing standards and staffing ratios are ongoing nationally and at the state level. The NCIOM Task Force on the Future of the Nursing Workforce did not come to consensus on this issue but did have robust discussion about the different perspectives that inform the ongoing debate. See the text box on Page 98 for more details about the task force discussion. As there is not a clear consensus on this issue, research and discussion should continue.

- **APRN practice** – The SAVE Act is a legislative initiative introduced in the North Carolina General Assembly to address practice authority of APRNs and has been debated in various forms for nearly a decade. This issue is not the focus of this report, which is directed at challenges facing the LPN and RN workforce in North Carolina.

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2

CHAPTER TWO

Preparing Future Nurses

As a critical component of health care delivery, the nursing profession should ideally mirror the diversity of the population it serves. However, current disparities in representation can lead to gaps in culturally competent care and understanding of diverse patient needs. A nursing staff that represents the population's diversity—including race, ethnicity, gender, disability, income, sexual orientation, and geographic origin—brings a variety of perspectives, which enhances the quality of care for an equally diverse patient population. Diverse nursing teams are better equipped to address health disparities and provide equitable health care services, as they can relate to a wider range of patient experiences and needs.

Moreover, a diverse workforce promotes a more inclusive and innovative work environment, fostering learning and growth among health care professionals. A diverse nursing workforce improves patient outcomes and has the potential to produce cost of care savings. In essence, diversity of the nursing workforce is not just a goal to be achieved for equality's sake; it is a strategic imperative for improving health care quality, patient satisfaction, community well-being, and the overall effectiveness of health services.[1]

Strong nursing workforce development pathways are essential to increasing the diversity of the nursing workforce and addressing the increasing rates of nurse retirement and the number of nurses leaving the profession.

Why doesn't the nursing workforce reflect the diversity of our population?

Disproportionate representation in the nursing workforce can be attributed to a multitude of factors. Historically, nursing has been perceived and marketed as a predominantly female profession, which has contributed to a gender imbalance. This stereotype, coupled with societal norms and gender roles, discourages many men from pursuing a career in nursing. Additionally, systemic barriers such as unequal access to education and economic constraints disproportionately affect people of color and can hinder access to nursing education. Additional challenges can include lack of awareness about nursing as a viable career path and limited availability of culturally relevant mentorship or role models in the field. Furthermore, implicit biases and discrimination within educational and professional settings can create unwelcoming environments for nursing students and professionals of color, leading to lower recruitment and retention rates. Addressing these issues requires a concerted effort to dismantle stereotypes, improve access to education, and foster inclusive environments in both academic and professional settings.

In North Carolina

94% FEMALE LPNs **91%** FEMALE RNs **55%** WHITE LPNs **75%** WHITE RNs

Source: North Carolina Bord of Nursing. RN/LPN Ethnicity Statistics. https://portal.ncbon.com/LicensureStatistics.aspx?ID=108 and RN/LPN Gender Statistics. https://portal.ncbon.com/LicensureStatistics.aspx?ID=104 November 7, 2023

Nationally, the proportion of RNs who are male has grown

2015 2022
8% TO 10%
Male LPNs

2015 2022
8% TO 11%
Male RNs
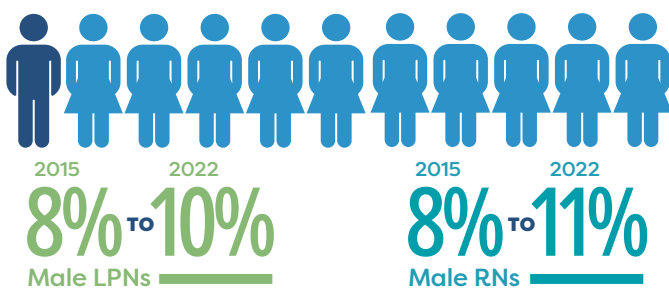
Source: Smiley RA, et al. The 2022 National Nursing Workforce Survey. https://www.journalofnursingregulation.com/article/S2155-8256(23)00047-9/fulltext

Graduation rates for nursing students of color increased from 2015 to 2019, however "the numbers indicate slow progression, yielding approximately 8% growth over four years. Similarly, data on enrollment and graduation rates of associate degree nursing programs indicate 8.6% growth over six years from 2012 to 2018."[2] Similar rates are seen for nursing faculty, with "marginal growth of approximately 4% in diversity among all nursing faculty [] between 2007 and 2016."[2]

"Whether in a practice setting or academia, nurses repeatedly echoed the same experience of a presumption of incompetence and subsequent limitation and denial of opportunity. BIPOC nurses often described the feelings of being challenged and having their knowledge minimized based on the belief that they are less than and therefore cannot provide qualified care. This experience transcended races—Black, Latinx, Asian American, Pacific Islander. Nurses shared experiences of the perpetuation of this stereotype woven through undergraduate and graduate education and even post-licensure, while they are practicing."

- Summary Report Listening Sessions on Racism in Nursing from the American Nurses Association and the National Commission to Address Racism in Nursing. https://www.nursingworld.org/~49be5d/globalassets/practiceandpolicy/workforce/commission-to-address-racism/final-racism-in-nursing-listening-session-report-june-2021.pdf

In 2023, the average age of LPNs in North Carolina was 47, while the average age for RNs was 46.

-NC Board of Nursing. The Bulletin. Fall 2023.
https://pub.marq.com/NCBONFall2023
/#p12_ffdBBd-1

In addition to a current lack of adequate diversity in the profession, the health care system is facing oncoming retirement of nurses, leading to a significant loss of experienced nurses at a time when there will be increased health care needs as the population ages. This scenario underscores the urgency of not only recruiting new nurses but also ensuring their retention and the transfer of invaluable knowledge from retiring nurses.

The Task Force on the Future of the Nursing Workforce has made one overarching recommendation related to developing future nurses.

RECOMMENDATION #1

Develop a strong and diverse nursing workforce that is representative of the communities served and is prepared to meet the growing health care needs of North Carolinians

The task force recommends the following strategies to develop a strong and diverse nursing workforce that is representative of the communities it serves and is prepared to meet the growing health care needs of North Carolinians:

Strategy 1: Expand early pathways to develop a nursing workforce that is representative of the population of North Carolina (Page 29)

Strategy 2: Increase nursing program collaboration, sharing of best practices, and connections with employers (Page 33)

Strategy 3: Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages (Page 35)

Strategy 4: Improve retention and graduation rates of nursing students by supporting economic and material needs and enhancing academic supports (Page 39)

Strategy 5: Enhance the preparation of nursing students through more inclusive educational environments and curriculum Page (42)

KEY RESOURCE NEEDS

Key resource needs to implement recommendations are highlighted through this report using the following icons.

$ **FINANCIAL RESOURCES**

??? **TOOLS AND NON-FINANCIAL RESOURCES**

ADVOCACY OR PUBLIC AWARENESS

Strategy 1

Expand early pathways to develop a nursing workforce that is representative of the population of North Carolina

Strategy 1.1 The North Carolina Nurses Association, North Carolina Future of Nursing Action Coalition, trade organizations representing employers of nurses, the North Carolina Department of Public Instruction, North Carolina Area Health Education Centers, the North Carolina Workforce Credentials Advisory Council, and health-related philanthropies in the state should collaborate to identify opportunities to partner with middle and high school counselors, career centers, and students to share information about health professional career paths—including the variety of pathways, degrees, and work settings for nursing.

Desired Result

North Carolina's middle and high school students will have reliable and accurate information about careers in nursing, the educational pathways to those careers, financial resources for education, and the benefits of these careers to both individual economic stability and to the overall health of the state.

Why does the task force recommend this strategy?

To meet North Carolina's nursing workforce needs, we must use a variety of strategies, beginning with identifying and educating young people interested in a career in health care, all the way to retention and career development strategies for established nurses. Interest in careers in health care, or a general interest in finding a career that helps people, can be identified early for many children. Understanding the variety of roles and educational pathways into nursing can be confusing, particularly for families without experience working in the field of health care. It is important that middle and high schoolers have access to adults in their educational space who can help them learn about educational and career opportunities in nursing, and the ways their secondary education may be able to prepare them for these careers. Many partners are called on for this recommendation due to their unique role or expertise in the nursing and educational spaces and the potential for existing and new resources they may be able to bring to this work.

Context

Although there are no data indicating student interest specifically in nursing as a career option, a 2022 survey of high school and undergraduate students identified the number one intended career path as medicine or health-related fields:

- 34% said that health care or health-related issues were ones they are most interested in "impacting in [their] world"
- 27% said they expect to work in a medicine/health-related field in future
- 35% of women compared to only 17% of men were considering medicine/health-related fields[3]

Further, a 2022 report summarizing data on aptitude and interest in different career fields among high schoolers found that students have more aptitude for health sciences careers, including nursing, than interest in them:

- Students showed 1.8 times the aptitude for health sciences careers than interest in those careers.
- This gap was more pronounced for male students, who showed 2.2 times more aptitude for health science careers than interest, compared to female students, who showed a gap of 1.5 times.[4]

The gender gap displayed in responses to these surveys is an indicator of the disparity we see in the nursing workforce, which is over 90% female.[5]

Spotlight on North Carolina

The North Carolina Healthcare Association (NCHA) is developing a workforce campaign designed to get teenagers interested in health care jobs. The "I Do Care" campaign will inform high school and middle school students about the variety of careers available at hospitals. A website will be part of this campaign and NCHA is working with hospital public relations officers to gather opportunities from across the state where teens can engage with their local hospital (e.g., teen volunteer programs, med camps, apprenticeships, etc.).

KEY RESOURCE NEEDS

Responsible parties will need to identify strategies for educating guidance counselors and resources that guidance counselors can continue to refer to (e.g., database or repository of resources).

Strategy 1
Expand early pathways to develop a nursing workforce that is representative of the population of North Carolina

Strategy 1.2 Employers of nurses should work with local public school units to develop nurse training Career and Technical Education programs in local high schools or increase capacity of existing programs.

Desired Result
More North Carolina high schoolers will be able to explore careers in nursing and complete preparatory programs prior to entering a post-secondary nursing degree program.

Why does the task force recommend this strategy?
Nurse education programs at the high school level provide an opportunity to introduce students to careers in nursing as they are thinking about their future careers and post-secondary education plans. These programs can connect students to local employers and help them gain credentials as Certified Nursing Assistants (CNAs). Connections with employers and CNA credentials can be leveraged to explore opportunities for early employment and gain real-world experience in health care before or during enrollment in a nursing education program at the community college or university level.

Context
Local public school units (formerly called local education agencies) can offer a variety of Career and Technical Education (CTE) programs. The programs must follow the same rules as community colleges and proprietary schools offering similar courses of learning. CTE programs in health sciences must use a curriculum adapted from the North Carolina Division of Health Services Regulation. The North Carolina Department of Public Instruction (DPI) reviews high school programs yearly for adherence to standards. Funding for these programs is supported through federal Perkins Grants to the local level. Instructors for CTE programs must have a teaching license. This can present some challenges in recruiting teachers for CTE programs in nursing as the teaching licensure process can be lengthy and expensive.[6]

Over 2,000 North Carolina high school students earn their CNA credentials per year through CTE. To earn this credential, students complete the standard 40 hours of clinical experience and take the same exam as those from community college CNA programs.[6]

Employers interested in developing partnerships with local schools for CTE programs can contact the CTE Director or the CTE Advisory Board or Council of the local school system. According to state law, CTE Advisory Boards or Councils "serve local boards of education by identifying economic and workforce development trends related to the training and educational needs of the local community and advocating for strong, local career and technical education programs, including career pathway development that provides work-based learning opportunities for students and prepares students for post-secondary educational certifications and credentialing for high-demand careers."[7]

In North Carolina, 2021-2022

547,176 secondary career and technical education (CTE) participants

39,058 (7%) were in health sciences with a **97%** Graduation Rate

Students in North Carolina health sciences CTE in 2021-2022:

- **33% had economically disadvantaged families**
- **7% had a disability**
- **5% were English learners**

Race and Ethnicity

- 47% White
- 24% Black or African American
- 19% Hispanic/Latino
- 5% Two or More Races
- 4% Asian
- 1% American Indian or Alaskan Native

Gender

- 64% Female
- 36% Male
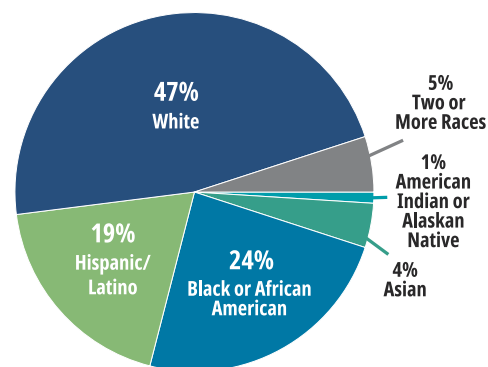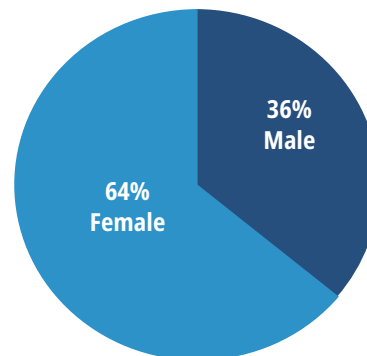
Source: Perkins Collaborative Resource Network. North Carolina State Enrollment Data. https://cte.ed.gov/pcrn/profile/state/enrollment/2022/NC/participant/secondary/gender/allcareerclusters

North Carolina Spotlight - Current and Developing Programs

Surry and Yadkin County Schools Partnership with Northern Regional Hospital A two-year grant from Strada Education Network's Employer and Community College Partnership Challenge is helping to develop health care career pathways for students in Surry and Yadkin County schools. A Healthcare Career Liaison and Health Science Student Success Advisor will work in middle and high schools to increase awareness of career pathways and provide classroom and laboratory instruction. "Northern Regional Hospital will provide clinical instruction and supervision for students during rotations, provide opportunities for internships and other professional development activities, and contribute to funding the liaison position after the grant period ends." Students at nine middle schools will have access to classroom presentations, field trips to Northern Regional Hospital and Surry Community College, a health care career camp, career fairs, and hands-on experiences through simulations. Students at 10 high schools will receive similar programming, as well as job shadowing experiences at the hospital.

Source: Surry Community College. Surry community college receives grant to strengthen employer partnership with Northern Regional Hospital and connect learners with opportunities. November 28, 2022. https://surry.edu/news/surry-community-college-receives-grant-to-strengthen-employer-partnership-with-northern-regional-hospital-and-connect-learners-with-opportunities

New Hanover Community Endowment
The New Hanover Community Endowment has provided a grant of over $22 million to Cape Fear Community College, New Hanover County Schools, the University of North Carolina at Wilmington, and the Wilmington Chamber of Commerce. In part, the grant will help to develop a high school program for students interested in careers in health care. The funding will help to increase CTE enrollment in New Hanover schools by 40%. A key objective of this effort is to "significantly increase the number of students admitted into and graduating from nursing programs at Cape Fear Community College and the University of North Carolina Wilmington, with an emphasis on retaining graduates in the region."

Source: University of North Carolina Wilmington. UNCW receives grant funding for groundbreaking healthcare workforce partnerships. December 18, 2023. https://uncw.edu/news/2023/12/uncw-receives-grant-for-groundbreaking-healthcare-workforce-partnerships

Bloomberg Grant for Durham and Charlotte schools
Durham Public Schools and Charlotte-Mecklenburg Schools have been awarded grants by Bloomberg Philanthropies to develop programs that "offer students robust academic programming, specialized health care classes, work-based learning at the partner health system and the opportunity to earn industry-valued credentials and certifications.... As part of this initiative, all health system partners have committed to providing job opportunities for students who successfully complete the graduation requirements of their respective programs." In Durham, the partnership is between Duke Health, Durham Technical Community College, and Durham Public Schools, with the program opening at the Durham Technical Community College campus in fall 2025 for 100 ninth-grade students. Students will be able to graduate with "one or more credentials required to fill positions such as certified nursing assistant...."

Source: Bloomberg Philanthropies. Bloomberg Philanthropies launches first-of-its-kind innovative healthcare-focused high schools in 10 urban and rural communities across the country. January 17, 2024. https://www.bloomberg.org/press/bloomberg-philanthropies-launches-first-of-its-kind-innovative-healthcare-focused-high-schools-in-10-urban-and-rural-communities-across-the-country/; Hui TK. Durham and Charlotte get grants to create high schools focusing on healthcare jobs. News & Observer. January 17, 2024. https://www.newsobserver.com/article284342429.html

High School Program to Earn LPN Diploma
The North Carolina Board of Nursing (NCBON) is working with the North Carolina Community College System (NCCCS) to develop an LPN education program for high schoolers. The program will help high school students complete an LPN diploma and provide eligibility to begin working as an LPN after high school graduation. LPN curriculum approved by the NCBON for the NCCCS will be used for the program. One aim of the program is to give students with limited financial resources the ability to obtain an initial nursing license and create a pathway for LPNs to complete their RN degree while still working with the support of an employer. The program is under development and will be piloted in a rural county in the western region of North Carolina.

Source: Personal communication with NCBON Chief Executive Officer, Crystal Tillman. March 27, 2024.

KEY RESOURCE NEEDS

- The Department of Public Instruction (DPI) can provide training on development of health science education programs, possibly through the Health Talent Alliance, to help educate employers on opportunities for supporting the initiation of CTE programs. Additional resources could allow prioritization of schools that serve a diverse and/or rural student population.
- The North Carolina Division of Health Service Regulation can examine where it can offer flexibility in regulations or enforcement to enable more nursing education partnerships in nursing facilities. Some nursing facilities lose the ability to be clinical sites due to enforcement actions, even if the enforcement concern is not related to clinical care.

- Trade associations for employers of nurses should help raise awareness of these types of programs among members.
- DPI and school districts with CTE programs in health science education should identify opportunities to raise awareness of these programs among high school teachers, administrators, counselors, and families.

Strategy 1
Expand early pathways to develop a nursing workforce that is representative of the population of North Carolina

Strategy 1.3 The North Carolina Future of Nursing Action Coalition should partner with myFutureNC, the North Carolina Association of Nursing Students, and the Health Occupations Students Association to develop a speakers bureau to partner with youth-focused organizations, including religious communities, community centers, and community-focused volunteer/philanthropic organizations (e.g., sorority/fraternity alumni organizations). The goal of this speakers bureau would be to provide information and guidance to middle and high school students about health professional careers in nursing. Speakers should receive training, key messages, and resources for students interested in learning more about nursing as a career.

Desired Result
More North Carolina middle and high school students will learn about and develop an interest in careers in nursing through connection with trusted leaders and adults in their community.

Why does the task force recommend this strategy?
Increasing interest in careers in nursing and improving the diversity of the workforce will require a variety of strategies. While some students may seek guidance from counselors in the school system or learn about opportunities through Career and Technical Education (CTE) programs, others may look for guidance from other trusted people in their community (e.g., church or civic group leaders and members). Connecting and partnering with community leaders and groups outside of educational settings can help to identify new venues through which to reach students. Those making connections and providing informational presentations should use standardized outreach materials that cover important general topics (e.g., different forms of licensure and educational pathways).

Context
MYFUTURENC
myFutureNC is a "statewide nonprofit organization focused on educational attainment and is the result of cross-sector collaboration between North Carolina leaders in education, business, and government."[8] The organization supports several state collaboratives, as well as 15 regional collaboratives that "establish[] local goals, identify[] strategies and priorities to meet these goals, and work[] as partners of myFutureNC."[9]

NORTH CAROLINA ASSOCIATION OF NURSING STUDENTS
The North Carolina Association of Nursing Students (NCANS) is the organization for pre-licensure nursing students in North Carolina that supports "nursing students in making the important transition from students to licensed nurses."[10] Through its participation in the Breakthrough to Nursing initiative, NCANS seeks to enhance the nursing workforce through a focus on "recruitment and retention, minority recruitment, men in the profession, young students, non-traditional students, and mentoring and support of all enrolled in professional nursing programs."[11]

HOSA FUTURE HEALTH PROFESSIONALS
HOSA Future Health Professionals is a career and technical student organization "for students who are or have been enrolled in a Health Science Education program or are interested in a healthcare career. The mission of HOSA is to empower Future Health Professionals to become leaders in the global health community through education, collaboration, and experience."[12] HOSA Future Health Professionals has both middle and high school divisions with locally organized chapters.

🔧 KEY RESOURCE NEEDS

$ Funding will be needed for administration of a speakers bureau-style program and production of related materials.

👥 Once developed, awareness of the program will need to be raised through community connections.

Strategy 2
Increase nursing program collaboration, sharing of best practices, and connections with employers

Strategy 2.1 The Center on the Workforce for Health should convene a collaborative of North Carolina community college and university nursing programs to share academic best practices in addressing issues such as nurse faculty and student needs, pathway program support, and partnerships with local employers of nurses.

Strategy 2.2 University and community college nursing programs should commit to actively participating in the collaborative recommended in Strategy 2.1 with the goal of learning and sharing best practices and lessons learned to support nursing student success.

Desired Result
North Carolina's nursing education programs will be meaningfully connected, allowing them to share lessons learned from successes and challenges in implementing strategies, programs, and partnerships intended to improve the educational environment and student experience.

Why does the task force recommend this strategy?
Different nursing education programs are often tackling similar challenges. There is not a dedicated convening for community college and university programs to share what they have learned from their efforts to implement strategies, programs, and partnerships to address topics such as faculty shortages, admissions, partnerships with employers, and economic or academic supports for students. A dedicated convener could help programs share what is working for them and learn about solutions that are working for others. This can help to address the cycle of "reinventing the wheel" that can occur as siloed groups work to address similar problems.

Context
North Carolina has 147 pre-licensure nursing education programs, including 37 Bachelor of Science in Nursing (BSN) programs, 61 Associate Degree in Nursing/Associate of Science Degree in Nursing (ADN/ASN) programs, and 49 Practical Nursing (PN) programs.[13] These programs are working to meet the challenges of nursing faculty shortages, creating more inclusive educational environments, supporting the needs of students to improve graduation rates, and developing partnerships with employers and other community partners.

Existing Collaborations and Resources to Build From
Center on the Workforce for Health
The NC Center on the Workforce for Health is a new collaborative effort by NC AHEC, NCIOM, and the Sheps Center Program on Health Workforce Research and Policy. It aims to provide a forum for health employers, workers, educators, regulators, policymakers, and others throughout North Carolina to convene around health workforce issues, discuss challenges and opportunities, share best practices and lessons learned, identify potential solutions and metrics for success, and monitor progress toward addressing these challenges. Although the Center is still under development, nursing workforce has been identified as a priority area of study and action.

North Carolina Council of Higher Education in Nursing
The North Carolina Council of Higher Education in Nursing (NCCHEN) is a group of in-state universities and colleges with nursing programs. It seeks to improve the nursing profession by "advancing the quality of baccalaureate and graduate programs in nursing."[14] Representatives from participating programs meet a few times a year.

> *"We have a special responsibility because we're putting out the future nurses, and frankly we have all the same challenges. It really doesn't matter how big your program is or how small it is, the challenges are very, very similar."*
>
> *- Dr. Marion Broome, former dean of Duke University's School of Nursing, 2019 NCCHEN spring meeting https://www.uncg.edu/featured/coffee-and-collaboration-and-nursing-deans-throughout-the-region/*

North Carolina Associate Degree Nursing Council
The North Carolina Associate Degree Nursing Council "was formed to promote professionalism, education, and innovation in the field of health education practitioners in North Carolina."[15] It advocates for associate degree nursing education and practice by facilitating recruitment of nursing faculty, developing partnerships, and collaborating with organizations to meet community needs, among other efforts.

North Carolina Nurses Association - Nursing Education and Professional Development Council
The Nursing Education and Professional Development Council is a group within the North Carolina Nurses Association (NCNA) that is meant to "support both academic nursing educators and nursing professional development (NPD) practitioners.... and allow[s] nursing academicians and NPD practitioners to come together to learn more about each other's roles, help come up with creative solutions to the issues faced in nursing academia and in healthcare systems, and reinforce/reinvent efforts to best prepare nurses (new graduates and advanced practice nurses) for their roles at the bedside."[16]

North Carolina Board of Nursing

The North Carolina Bard of Nursing (NCBON) can play a role in facilitating conversations with nursing education programs and/or showcasing exemplars in best practice through their Annual Education Summit. The summit has featured presentations on some of the topics noted in this strategy (e.g., academic-practice partnerships, student nurses and the Americans with Disabilities Act, and best practices in assessing clinical competency). The NCBON intends to continue to provide offerings that speak to the needs of relevant parties including information around holistic admissions, open education resources, and academic progression models (e.g., Regionally Increasing Baccalaureate Nurses (RIBN) programs).[13]

Collaborative Activities

The NCIOM Task Force on the Future of the Nursing Workforce considered many potential activities for the collaborative, including:

- Sharing best practices, such as implementation of success coaches to support students, supporting retired nurses in delivering skills-based education or tutoring, bolstering existing student support centers and programs, and launching peer-to-peer support programing.
- Identifying opportunities to streamline application processes across multiple schools of nursing.
- Identifying opportunities to strengthen and further disseminate pathway programs and educational progression programs to ensure availability throughout the state.
- Housing or supporting a clearinghouse of grant and other funding opportunities.
- Engaging in discussions with employers to learn about challenges for new graduates they hire and opportunities to improve preparation for the practice environment.
- Maintaining connections with statewide efforts to address nursing workforce needs through educational initiatives (e.g., Caregiving Workforce Strategic Leadership Council).

Collaboratives In Other States

Indiana – The Council of Indiana Nursing Deans and Directors is a leadership group of nursing school deans and Chief Nursing Officers. Coordinated by Indiana Center for Nursing, this group collaborates on initiatives, policy, and legislative action related to nursing in Indiana. The council meets at least twice a year and seeks to promote "excellence in Indiana nursing education, and safety and quality of patient care by:

- increasing nursing education's responsiveness to the health and healthcare needs of Indiana citizens
- sharing and promoting best practices in nursing education
- providing a forum for collaboration and meaningful discussion about nursing education."

Source: Indiana Cener for Nursing. Education–Council of Indiana Nursing Deans and Directors (CINDD). https://ic4n.org/strategic-initiatives/council-of-indiana-nursing-deans-and-directors/

Colorado – The Colorado Center for Nursing Excellence convenes the Alliance for Clinical Education, a collaborative of representatives from health care organizations, educational institutions, and regulatory agencies in the state. The group "meets quarterly as a forum to share ideas, information and make recommendations surrounding best practices, community standards, and regulatory compliance, in an effort to provide optimum clinical student learning experiences."

Source: Colorado Center for Nursing Excellence. Alliance for Clinical Education (ACE). https://www.coloradonursingcenter.org/alliance-for-clinical-education/

🔑 KEY RESOURCE NEEDS

$ The North Carolina General Assembly, health care philanthropies, and major employers of nurses can identify funding resources to support and sustain the administrative needs of the group recommended in this strategy.

Strategy 3

Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages

Strategy 3.1 Employers and educators of nurses, in partnership with the North Carolina Area Health Education Centers and the NC Health Talent Alliance, should collaborate to develop plans to align the demand for nurses with the ability of local institutions to educate nurses. These collaborations should identify shared investments and shared strategies to increase numbers of faculty to support education of nurses and increase graduation rates.

Desired Result

There will be a reduction in nurse faculty shortages with increased opportunities for hybrid roles in academic and practice settings.

Why does the task force recommend this strategy?

With an increased demand for health care for a growing and aging population, building capacity to educate the next generation of nurses is essential.[17] According to the 2022 National Nursing Workforce Survey, the median age of RNs and LPNs is 46 and 47 years, respectively, and more than one-quarter of nurses in the survey report a plan to leave nursing or retire within the next five years.[18] In North Carolina, projections from the Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research estimate a gap in the supply of RNs at over 12,000 positions by 2033.[19] The largest shortage is projected to occur in nursing home, extended care, and assisted living facilities, which are essential to meeting the needs of older adults. These long-term services settings also employ the greatest number of LPNs in the state, and projections forecast a nearly 50% shortage of LPNs within the decade. To fill the growing gaps in the nursing workforce, we will need to simultaneously work to retain current nurses and educate more new nurses. However, increasing nursing program enrollment will first require serious efforts to address the nursing faculty shortage. Partnerships with employers of nurses can help to create more opportunities for hybrid roles in practice and academic settings to increase interest in serving as nursing faculty.

Related Recommendations from Other Groups

North Carolina Caregiving Workforce Strategic Leadership Council
Initiative #2: Enhance and invest in clinical partnerships - AHEC should secure additional funding to support the expansion of the existing NC AHEC Nursing Clinical Instructor Partner (CIP) program. Dedicated funding is essential for supporting new partnerships, training nurses to become faculty, marketing the program, and identifying additional stakeholders to participate in the program.

https://www.ncdhhs.gov/investing-north-carolinas-caregiving-workforce-recommendations-strengthen-north-carolinas-nursing/download?attachment

Context

The North Carolina Area Health Education Centers (NC AHEC) is a statewide initiative to address health care professional workforce issues. NC AHEC consists of nine regional AHECs.[20] The mission of NC AHEC is to provide educational support, activities, and services to recruit, train, and retain health care professionals within the state. A critical focus has been supporting primary care health care professionals in rural communities. Through NC AHEC programming, health care providers within the state receive affordable training and continuing education to stay informed on emerging technologies, best practices, and the latest advancements in research. The total number of NC AHEC participants trained annually is over 215,000.

The NC Health Talent Alliance is an innovative partnership between the NC Chamber Foundation and the North Carolina Center on the Workforce for Health to address the statewide health care professional shortage.[21] The aim of the NC Health Talent Alliance is to eliminate this shortage by developing a sustainable talent pipeline through regional collaborations. Through use of the Talent Pipeline Management (TPM) approach, the Alliance manages employer-led initiatives to identify gaps in training availability, create systems of support to help individuals join the health care workforce, and organize public and private partnerships to recruit and retain local talent. Next steps by the NC Chamber Foundation and the NC Center on the Workforce for Health include launching phase-one implementation through coalition-building, training employers on the TPM approach, and further supporting this talent pipeline framework.

Nursing School Admissions

In the 2020–2021 academic year, 15,055 applicants were qualified to attend pre-licensure nursing programs in North Carolina.[22] Among the applicant pool, 9,048 (60%) were admitted to nursing programs, and just 7,763 (51%) of applicants enrolled. For every 100 additional nursing enrollees at a University of North Carolina (UNC) system institution, 86 become new graduate nurses.[23] At a North Carolina Community College System institution, for every 100 additional enrollees, 56 become new graduate nurses based on historical attrition data.[23]

A limitation to the number of students admitted to nursing education programs is the shortage of nursing faculty. In the 2022-2023 academic year, there were 1,041 full-time faculty, 446 part-time faculty, and 934 adjunct clinical faculty.[13] At that time, the total number of faculty vacancies across nursing education programs for both full and part-time positions was 273 positions, a decrease of 31 vacancies compared to the prior year.[13]

"I normally work Monday through Friday with my teaching job. We all know how poorly teachers are paid... I have my highest degree but am getting paid the least... something needs to change. I am scheduled to work every Saturday until December to make up for the salary loss. Yes, I still want to work bedside, but I am actually only required to work two shifts a month. I have to work over to make bills."

-North Carolina nurse faculty member

Contributors to the Nursing Faculty Shortage

Significant salary disparities between clinical nursing and academic positions have substantially contributed to the nursing faculty shortage.[23] Average faculty salaries are significantly less than clinical practice salaries, with master's level nurses earning an average of $57,454 in the academic setting compared to more than $100,000 in practice.[24]

Increasing rates of retirement among the current nursing faculty workforce also contribute to the shortage. Currently, the average age of a doctoral-prepared professor is 62.5 years, whereas associate professors and assistant professors average 56.7 years and 50.6 years, respectively.[25] A looming "brain drain" is imminent, as up to one-third of the current nursing faculty workforce in baccalaureate and graduate programs could retire by 2025.[26]

Academic-practice partnerships serve as a potential solution to challenges in recruiting and retaining nursing faculty. These dual-role joint appointments help bridge academic learning into clinical practice.[27]

Examples of Academic-Practice Partnerships

The **NC AHEC Nursing Clinical Instructor Partner (CIP) program** aims to increase the number of nursing faculty by bridging together academic nursing programs across North Carolina with clinical practice organizations. As an innovative clinical education model, the CIP program prepares qualified RNs to serve as clinical instructors to students without leaving their clinical nursing role. Through a combination of online modules, live webinars, and one shadowing experience in a peer cohort, the CIP program provides essential knowledge and skills to be a clinical instructor and a supportive network to new educators. The CIP program has also already been approved by the North Carolina Board of Nursing (NCBON) to meet the 45-hour teaching and learning requirement for new faculty members.

Source: NC AHEC. Nursing Clinical Instructor Partner Program. https://www.ncahec.net/nursing-clinical-instructor-partner-program/

The **UNC-Chapel Hill School of Nursing and UNC Health** have developed a program for nurses on hospital units to support the education of nursing students given one day per week. They have piloted this approach and are growing it for the future. The program has had positive outcomes, giving practicing nurses an opportunity to serve in a new role, and provides clinical faculty for the nursing school.

Source: Personal communication with task force member. March 29, 2024

Grand Valley State University Kirkhof College of Nursing (KCON) in Michigan was awarded a Health Resources and Services Administration (HRSA) Advancing Nursing Education Workforce grant and a HRSA Nursing Workforce Diversity grant in 2022. This funding provided financial support to 29 McLaren HealthCare (MHC) nurses to complete the BSN–to–DNP program at KCON, funded four nurses as the inaugural cohort for the Interprofessional Healthcare Informatics Certificate, helped with development of the Preceptor Resources Network, enhanced KCON's Holistic Admission process, and aided the development of a student retention plan to address social determinants of health and education.

Source: American Association of Colleges of Nursing. Academic-Practice Partnership Exemplars. https://www.aacnnursing.org/our-initiatives/education-practice/academic-practice-partnerships/academic-practice-partnership-exemplars

Strategy 3
Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages

Strategy 3.2 The North Carolina General Assembly should leverage the information and plans developed through Strategy 3.1 to ensure there is an adequate number of nursing faculty in nursing programs and increase opportunities for innovative training solutions by:

a) Partnering with UNC system, community college system, and North Carolina private educational institution leaders to:
  i. Increase salaries for nursing faculty and educators.
  ii. Identify and increase incentives for nursing students at the graduate level to attract and educate individuals for nursing faculty positions.
  iii. Identify and increase incentives for educators/preceptors in clinical settings to attract and train individuals for these positions.
  iv. Allocate funds to support nursing schools' capacity to integrate evidence-based high-quality simulation experiences for nursing students.

b) Identifying and increasing incentives for institutions that develop, maintain, and financially aid academic and clinical partnerships in supporting nurse preceptors and the education of undergraduate and graduate nursing students.

Desired Result
Continued legislative attention and resources dedicated to addressing the key barriers to increasing enrollment in nursing education programs.

Why does the task force recommend this strategy?
The North Carolina General Assembly's (NCGA) continued dedication to increasing enrollment in nursing education programs is essential to addressing the growing shortage of nurses that threatens the state's health care system's capacity to provide high-quality care. Investing in nursing education, along with attention to retention of the current nursing workforce, will help ensure the long-term sustainability of health care services across North Carolina. By fostering a larger, well-educated nursing workforce, the state can better meet the health care demands of its growing population, improve patient outcomes, and support the overall health and well-being of its communities.

Context
SALARIES AND INFRASTRUCTURE IN THE STATE BUDGET
As previously mentioned in this report, there are three primary challenges to increasing enrollment in nursing education programs: 1) recruiting and retaining nursing faculty, 2) providing clinical placements with qualified preceptors, and 3) building new educational spaces or renovating existing ones.[23] These findings were also outlined in a 2023 report commissioned by the NCGA to identify strategies to increase graduation rates from nursing education programs. The NCGA's 2023–2024 state budget reflects investment in nursing education, addressing challenges 1 and 3 to increasing student enrollment. The budget allots 10% raises in starting salaries for nursing faculty; other nursing faculty may receive increases in pay of up to 15%.[28,29] There is also allocation of $87.9 million in funding for the renovation of Carrington Hall at the University of North Carolina at Chapel Hill's School of Nursing to update space that has been unusable due to environmental safety issues and expand simulation and clinical learning spaces.[30] Other investments to support nursing programs across the state and their ability to have sufficient space and facilities and infrastructure are needed to help expand the ability of programs to integrate high-fidelity simulation experiences.

Related Recommendations from Other Groups

North Carolina Caregiving Workforce Strategic Leadership Council
Initiative #5: Increase the number and availability of nurse and faculty loan repayment programs and stipends - North Carolina currently maintains several loan repayment programs relevant to nursing students. This includes the state-funded Nurse Education Scholarship Loan Program (NESLP), Nurse Educators of Tomorrow (NET), and Nurse Scholars Program (NSP/MNSP), in addition to the Health Resources and Services Administration-funded State Loan Repayment Program (SLRP). Loan repayment programs can incentivize and support those unable to dedicate full energy or resources to a traditional education period. Understanding existing programs' utilization, capacity and funding, current advertising strategies, program barriers and constraints, eligibility requirements, and demographic breakdown would give a holistic viewpoint into an important lever for equity and evolve the programs to match the needs of intended users.

Initiative #6: Readjust nurse faculty salaries and schedules - The state can retain and attract more faculty to the profession to support the education of future nurses through competitive salaries and flexible schedules, such as evening classes. A compensation study is also needed to understand the gap between clinical and faculty positions. Once the gaps are identified by region, funding could be determined either through setting minimums and/or creating blended funding opportunities for public and private institutions. In addition to raising pay, as a part of receiving funding, institutions will be required to review and report on availability of demand for evening and non-traditional scheduling for classes. Furthermore, consideration for compensation should be extended to adjunct faculty and preceptors who often fill critical gaps within nursing education systems.

https://www.ncdhhs.gov/investing-north-carolinas-caregiving-workforce-recommendations-strengthen-north-carolinas-nursing/download?attachment

THE ROLE OF PRECEPTORS

Preceptors supervise, guide, and assist with the learning process alongside faculty members. Nurse preceptors are nurses with varying levels of nursing experience, education, and preceptor training. These preceptors work in a variety of clinical settings and hold expertise in specialty areas, such as medical-surgical care, primary care, maternal health, pediatric health, and psychiatric and mental health.

Preceptorships require matching students' needs and abilities with a qualified and trained nurse to facilitate hands-on learning and enhance student clinical experiences, and these experiences are essential for nursing students to hone their clinical judgement and critical thinking skills. Preceptors provide nursing students the opportunity to apply knowledge acquired in academic and classroom settings to the clinical environment. Nurses in a faculty member role serve as the liaison between student and preceptor, "by planning, counseling, and evaluating the preceptorship throughout its entirety".[23]

As previously mentioned in Strategy 3.1, NC AHEC's Clinical Instructor Partner (CIP) program serves as an example of an innovative approach to increasing the number of preceptors available to teach students across the state. Supporting scale-up efforts through additional funding is essential to promoting equitable distribution of this program across North Carolina. NC AHEC's Clinical Site Development Program aims to increase the number of nursing students assigned to new clinical training sites in rural, long-term care, and critical care settings.[31] To date, 59 schools have received clinical site development funds to support 490 clinical sites. This existing program serves as scaffolding to expand the capacity of preceptor training programs and clinical education placements for students at health care institutions.

FINANCIAL SUPPORT INITIATIVES

In North Carolina, the **NC Teaching Scholars Program** can serve as a model for developing a state-based Nurse Faculty Loan Program. North Carolina previously supported a Nurse Scholars Program and Nursing Faculty Fellows loan replacement for service scholarship, but these initiatives ended in the late 2000s after economic downturns and a temporary slowdown in nursing demand. Re-invigorating programs aimed at incentivizing graduate nursing students can help support future nursing faculty and educators.

Nursing education programs are often constrained by limits to the number of clinical sites and available preceptors. Prospective enrollment growth is contingent on developing and training nurses to precept the next generation. Community partners—often health systems—are relied upon to provide clinical sites and preceptors.[23] Some health systems require nursing schools to provide preceptors for learners, especially in advanced practice programs. Whereas medical education has a sustainable funding model through the General Medical Education program to support preceptors, nursing is often reliant on grants or other one-time funding or these costs are passed on to students. Financially supporting preceptors helps attract nurses to these roles. **East Carolina University** is one of the few public institutions paying preceptors, with rates of $450 per semester.[23] For some nursing education programs within private institutions, preceptor rates can range from $600 to $1,200 per semester.[23]

Tax incentives provide another novel approach to supporting preceptors. In **Georgia**, advanced practice registered nurses (APRNs), physicians, and physician assistants who serve as preceptors can earn tax credits, with APRNs eligible to earn over $6,000 in credits per year.[32] In **Colorado**, APRNs, RNs, psychiatric nurse specialists, and other providers that facilitate preceptorships in rural or frontier areas of the state are offered $1,000 of income tax credit. With shortages in clinical placements focused on women's health, behavioral health, and pediatrics, attracting nurses to precepting in these specialties is essential to student clinical training.

SIMULATION

Simulation centers in nursing education can be immersive learning environments where students can practice and refine their clinical and decision-making skills without risk to real patients. These learning labs use high-fidelity manikins, trained actors (standardized patients), interactive screen-based programs, and virtual reality technology to replicate real-world health care settings, allowing students to experience a wide range of clinical scenarios. This hands-on approach helps to build critically important skills in many areas including, but not limited to: psychomotor procedures, critical thinking, communication, conflict resolution, team building, confronting racism and bias, and leadership development.[33,34] Experiential training that incorporates simulation modalities improves patient care skills prior to nurses entering clinical practice, reduces medical errors, and enhances patient safety. Interprofessional simulation training incorporating the Interprofessional Education Collaborative (IPEC) Core Competencies for Interprofessional Collaborative Practice can be implemented with practicing clinicians for just in time training on clinical units and has been demonstrated to be highly effective in improving patient care outcomes.[35,36]

The NCBON allows up to 50% of clinical training to be replaced by evidence-based simulation if these experiences are implemented with appropriate resources and in accordance with the Healthcare Simulation Standards of Best Practice (HSSOBP).[37] Because of infrastructure constraints, training provided through simulation labs is often limited by size and numbers of students that can be feasibly accommodated in these spaces. To support enrollment growth and training within simulation labs, these spaces would require expansion of the physical lab space, more updated equipment, resources to support standardized patients, robust faculty development initiatives, and additional support personnel, such as simulation facilitators and technicians. Collaborative partnerships could be developed between various educational institutions (community colleges and universities) and health care systems that would allow for sharing of the simulation lab resources. Funding to support simulation labs is essential to the education and skills training of nursing students and can offset the number of clinical sites, instructors, and preceptors needed.

In the **Florida College System**, the **Linking Industry to Nursing Education (LINE) Fund** provides matched funding to participating agencies that partner with health care institutions in the state.[38] These dollar-to-dollar funding matches are used to award scholarships to students for tuition, recruit faculty, and support simulation centers to advance nursing education.

Strategy 4

Improve retention and graduation rates of nursing students by supporting economic and material needs and enhancing academic supports

Strategy 4.1 University and community college nursing programs should develop connections to NCCARE360 and other resources specific to addressing nursing student material supports and needs.

Desired Result

Nursing students will have the material supports they need to maintain good health and reduce stress to successfully graduate, thereby increasing graduation rates from nursing education programs.

Why does the task force recommend this strategy?

Nursing students grappling with inadequate financial and material supports such as insufficient access to food, stable housing, and affordable child care face significant barriers to their academic success and mental well-being. These challenges can lead to increased stress, decreased focus on studies, and higher dropout rates. The lack of essential supports not only affects students' ability to concentrate and perform academically but also undermines their capacity to complete their education, thereby impacting graduation rates and contributing to the broader issue of nursing shortages in the health care workforce. Nursing education programs can capitalize on existing services in North Carolina to help connect students to needed resources.

Related Recommendations from Other Groups

North Carolina Caregiving Workforce Strategic Leadership Council
Initiative #4: Invest in social resources and NCCARE360 expansion - To support nursing students both at community colleges and 4-year institutions, additional investment is needed for social services such as transportation, child care, food security, and housing. The state should invest in the expansion of unmet social needs. In addition, to deliver these services in a more streamlined and effective manner, the state should invest in a tool such as NCCARE360, which is the nation's first statewide coordinated care network that connects individuals to local services and resources through a shared technology platform. This closed loop referral system tracks the outcome of that referral and connection to resources.

https://www.ncdhhs.gov/investing-north-carolinas-caregiving-workforce-recommendations-strengthen-north-carolinas-nursing/download?attachment

Context

FINANCIAL NEEDS IMPACT GRADUATION RATES

Financial circumstances can be a barrier for students in North Carolina nursing education programs. Financial barriers to remaining in programs range from inadequate tuition support to financial commitments related to family and household needs. For many students pursuing their degree, working full-time is a necessity to meet these various financial obligations. Working long hours while enrolled in an intensive nursing program creates challenges to balancing both academic and employment responsibilities. Students from underrepresented racial and ethnic minority groups have cited lack of financial support as a major barrier to not only retention and graduation in nursing education programs, but also initial enrollment.[39] Students working while pursuing their degrees have higher drop-out rates compared to those who are not working.

Child care, housing, transportation, utilities, groceries, and educational equipment needs place significant strains on students who are in nursing education programs full time. Nursing students need a sustainable and comprehensive safety net with early access to financial support.

ADDRESSING NEEDS

Nursing education programs have addressed financial factors through pilot projects that paid direct stipends to students, from $200 per month to $3,000 per semester. Other programs provide scholarship options for students, while some support material needs through the purchase of laptop computers and required course textbooks. Examples of efforts to address needs in North Carolina's nursing programs include:

- University of North Carolina at Chapel Hill's School of Nursing hosts a food pantry and student-led clinical uniform donation drive.
- University of North Carolina at Wilmington has the Student Success Center for students interested in health and human services careers. Assistance is provided to prospective and current nursing students. Admissions counseling, academic advising, scholarship support, and career planning are offered by the Student Success Center.[40]

Nursing students in community college and university settings can use accessibility resources as well as counseling and psychological services through their institutions. These services meet some needs of students, but not all. To improve retention and graduation rates, students of nursing education programs require robust academic support, mentoring, and success coaching as well as resources dedicated to addressing issues such as food security, housing stability, child care services, and financial assistance. NCCARE360 is a resource platform that was developed for health care professionals and social service organizations to connect North Carolinians with local community resources needed to maintain well-being and promote healthy living. It also serves as a web-based resource and referral platform for North Carolinians struggling with food insecurity, housing instability, transportation, and interpersonal safety needs. Currently, all 100 counties in North Carolina have been activated in NCCARE360, and over 2,800 organizations and over 49,000 users have been onboarded.[41]

KEY RESOURCE NEEDS

An investment of around $122,500 per year would allow for a pilot program with Unite Us to provide resource coordination services tailored to the needs of nursing students. This investment could be made by the North Carolina General Assembly or a health care philanthropy.

Strategy 4
Improve retention and graduation rates of nursing students by supporting economic and material needs and enhancing academic supports

Strategy 4.2 North Carolina's community college and university nursing programs, employers of nurses, and state trade associations should partner to develop more opportunities for immersive experiences or internships in nursing during the learning process that provide financial compensation for participating students.

Desired Result

More students with financial need will be able to access paid employment that contributes to their successful completion of nursing school and provides important experiences in health care settings.

Why does the task force recommend this strategy?

Providing paid internship or employment opportunities to nursing students—especially those needing to work during their studies—enables students to gain valuable hands-on experience in their field, enhancing their clinical skills and professional readiness while also alleviating financial pressures that can distract from academic and clinical training. Such opportunities can significantly improve students' academic success and retention rates by reducing the need to seek unrelated part-time work, thus allowing them to focus more on their studies and clinical experiences. This approach supports a more seamless transition into the nursing workforce, addressing the critical demand for well-prepared nursing professionals.

Context

Internships are focused, hands-on learning experiences. For nursing students, these opportunities are essential to developing clinical judgment and learning the roles and responsibilities of a nurse. Two nursing internship examples come from the Mayo Clinic:

- The Summer III Student Nurse Internship is a 10-week full-time paid program that is skills-based. Junior nursing students at Mayo Clinic's campus in Rochester, Minnesota, are provided with the opportunity to gain clinical experience while working alongside nurses in a variety of settings. The Rochester, MN, campus is home to 60 different specialties, two hospitals, 10 intensive care units, and approximately 130 operating rooms.
- In Wisconsin, the Mayo Clinic Health System Nurse Internship Programs also serve as paid full-time clinical opportunities for nursing students. Lasting 11 weeks, these programs are skills-based and focus on students gaining clinical experience by working alongside nurses.[42]

Externships are clinical programs where nursing students work in a health care setting under the supervision of an experienced nurse. Externships typically occur toward the end of a nursing program, offering students the opportunity to enhance their competencies and prepare for their future roles as nurses. In North Carolina, UNC Health offers a 10-week program for rising senior ADN and BSN nursing students.[43] The Student Nurse Externship provides students with an opportunity to work with a preceptor to practice physical assessments and engage in hands-on learning. Nurse Externship Units include emergency care, intensive care, step-down, and acute-care units, as well as psychiatric and mental health care, women's health, and pediatric care.

Nursing **apprenticeships** have been described as the "earn while you learn" model. Nursing students in both practical and registered nurse programs can start their careers working in various health care facilities while simultaneously completing their respective nursing education programs.

Example from North Carolina

In 2020, Davidson-Davie Community College partnered with Atrium Health Wake Forest Baptist to develop and launch a nursing apprenticeship program. Staffing shortages at Lexington Medical Center (Davidson County) and Davie Medical Center (Davie County) prompted development of the apprenticeship program. As of fall 2023, the program had admitted 11 students. Five students graduated with their RN license, with four earning employments in the Atrium Health Wake Forest Baptist System. The program anticipates seven students to be admitted to the next fall cohort of apprenticeships.

Source: EdNC. Case study: A community college and health care system partnered to launch the first registered nursing apprenticeship program in North Carolina. https://www.ednc.org/case-study-a-community-college-and-health-care-system-partnered-to-launch-the-first-registered-nursing-apprenticeship-program-in-north-carolina/

🔑 KEY RESOURCE NEEDS

$ Financial support will be needed to sustain the administration and staffing of these programs.

??? The NC Board of Nursing should be consulted as a resource in the interpretation of rules and knowledge of how others have successfully implemented internship programs.

Strategy 4
Improve retention and graduation rates of nursing students by supporting economic and material needs and enhancing academic supports

Strategy 4.3 The North Carolina General Assembly should allocate resources for university and community college nursing programs to "provide nursing students with better access to counseling and tutoring, additional faculty to provide remediation services and sessions, and academic services to develop math, writing skills, and test taking skills would likely lead to increase retention".*

*University of North Carolina System and North Carolina Community College System. Recommendations on Increasing Nursing Graduates: In Response to SL 2022-74 (HB 103), Section 8.3. https://nciom.org/wp-content/uploads/2022/11/UNC-System-Nursing-Report-Section.pdf

Desired Result
Graduation rates for nursing students will improve as a result of more students having access to academic support services.

Why does the task force recommend this strategy?
The second most common reason for nursing program attrition in North Carolina is "academic issues/nursing course failure."[23] Access to services that focus on developing academic skills is crucial to helping more students be successful in their program of study and to increase the number of nurses practicing in North Carolina. Services targeting pre-nursing students may also be beneficial, as "pre-nursing students must successfully complete a series of prerequisite science courses before gaining admission into a nursing program.... [and] Students must pass these courses in the first attempt to increase their chances of admission to a nursing program and to avoid additional tuition costs because they must retake the course".[23] Test-taking skills are fundamental to successfully navigating licensing examinations, such as the NCLEX-RN, which is known for its challenging and comprehensive format. Enhancing these skills not only improves students' academic performance but also prepares them for the rigors of professional practice, ensuring they are competent, confident, and capable of delivering high-quality health care services.

Related Recommendations from Other Groups

North Carolina Caregiving Workforce Strategic Leadership Council
Initiative #1: Establish academic coaches for community college students. The Departments [of Commerce and Health and Human Services] can create a network of North Carolina nurses to serve as coaches to mentor community college students over the course of one to two years, providing needed academic support and mentoring. Community colleges will identify at-risk students early on and employ support strategies including tutoring, instruction on study and test taking skills, time management, and work/life balance. Coaches will serve as a resource and tailor support strategies specific to their student. Coaches will guide nursing students throughout their journey to graduation as well as act as a collaborator with faculty on academic performance.

https://www.ncdhhs.gov/investing-north-carolinas-caregiving-workforce-recommendations-strengthen-north-carolinas-nursing/download?attachment

Context
A key strategy of a report commissioned by the North Carolina General Assembly to understand how the state can graduate more nurses focuses on the retention of students across nursing education programs. Efforts to improve retention include increased access to counseling services and tutoring as well as academic services to support math and writing skills and test-taking abilities.[23]

Contributing factors that have improved student success and retention include academic mentoring and support and student success programs.[44] Mentorship can be a critical component to success in nursing education and comes in many forms.

North Carolina Spotlight – Nursing Student Retention

"Six rural nursing programs initiated a pilot program to improve student retention and student outcomes. The program identifies at-risk students early in their program of study and implements strategies to support the student including individual and group tutoring, instruction on study and test taking skills, time management, and work/life balance. A success coach mentors students throughout their program of study, tailoring services to meet the student needs. The coach collaborates with faculty and acts as the first point of contact for concerns about student performance issues. The success coach serves as a subject matter expert in program curriculum process and tracks metrics relevant to student progression. This coaching process provides a trusting environment where students can share their thoughts, aspirations, concerns, and interests. In preliminary reports, success coaching dedicated to nursing programs increased retention. Similar programs scaled throughout the Systems would also have a likelihood of success."

-The University of North Carolina System and North Carolina Community College System. Recommendations on Increasing Nursing Graduates: In Response to SL 2022-74 (HB 103), Section 8.3. January 19, 2023. https://nciom.org/wp-content/uploads/2022/11/UNC-System-Nursing-Report-Section.pdf

The **UNC-Chapel Hill School of Nursing** has provided academic coaches for all pre-licensure students. This involves devoting a portion of workload for three faculty to academic coaching. This has led to higher graduation rates and NCLEX pass rates.

Student success programs have also been implemented to improve academic success. One example is the individualized pathway programs that target students at higher risk for attrition.[44] Success coaches and/or academic coaches have also been noted as improving outcomes. Coaches mentor and support students throughout their program of study, tailoring services to meet academic needs, such as remediation and skill-building, for example having course-specific success coaches for more difficult courses with higher rates of attrition.[45] Coaches work in collaboration with faculty and serve as the initial contact person for concerns about student performance issues.

Similar to success coaches, **retention coaches** are responsible for supporting students by helping with building a network, strengthening test-taking skills, and providing remediation. At the **University of Texas at El Paso**, four coaches were hired to provide both group and one-on-one academic counseling.[45] Other nursing education programs have focused on providing tutoring services to improve study skills and academic outcomes. One example of this is hiring practicing nurse experts to tutor students in specialty-area nursing courses, such as maternal-child health, medical-surgical nursing, and psychiatric and mental health.[46]

Strategy 5

Enhance the preparation of nursing students through more inclusive educational environments and curriculum

Strategy 5.1 The North Carolina General Assembly should commit to a data-driven approach to prioritizing investments in institutions that have a proven record of admitting, retaining, and graduating a diverse cohort of nurses that serve the communities with the highest health care nursing workforce needs.

Desired Result
Areas of the state and specialties with the highest nursing workforce needs will see a reduction in the gap between demand and supply of nurses.

Why does the task force recommend this strategy
Focusing limited state financial resources on areas and specialties most in need of nursing workforce can help promote equitable access to quality health care services for all North Carolinians. Regions and practice settings with acute nursing shortages often face higher patient-to-nurse ratios, which can lead to increased workloads and stress levels among existing staff and potentially compromise patient care quality. By prioritizing support for nursing programs that graduate nurses who serve in these areas, the state can help improve health outcomes, reduce wait times for medical services, and enhance overall patient satisfaction. Additionally, investing in nursing education, training, and recruitment in underserved areas not only helps with immediate staffing needs but also contributes to the long-term sustainability of health care systems in these regions. Such targeted investments can also stimulate local economies by creating jobs and supporting ancillary services. Ultimately, focusing resources on areas and specialties most in need helps to build a resilient, responsive, and equitable health care system that can meet the challenges of today and the future.

Context
North Carolina is home to a uniquely robust health workforce data system through the Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research. This program's website hosts an interactive data visualization of health care workforce in the state, which details provider-to-population ratios in each county for RNs, LPNs, and many other licensed health care providers. Figure 7 shows an example of this data visualization, which can highlight counties of the state with significantly low or high ratios.[47]

These data can be compared with information about where new nurses are practicing in North Carolina. NC Nursecast details graduate diffusion throughout the state and provides the following information on graduates from RN-ADN, RN-BSN, RN-Diploma, and LPN programs:[a]

- Where in the state graduates are practicing, with a visualization of the most concentrated areas
- Number and percentage of graduates by specialty (e.g., hospital, ambulatory, home health)
- Number and percentage of graduates practicing in a rural area
- Institutional retention rates[48]

Figures 8-10 on the next page provide examples of these data visualizations. Data spreadsheets can be downloaded from the NC Nursecast website for detailed information.

Figure 7. Example of Data Detailing Provider Ratios in North Carolina Counties – RNs per 10,000 Population, 2022
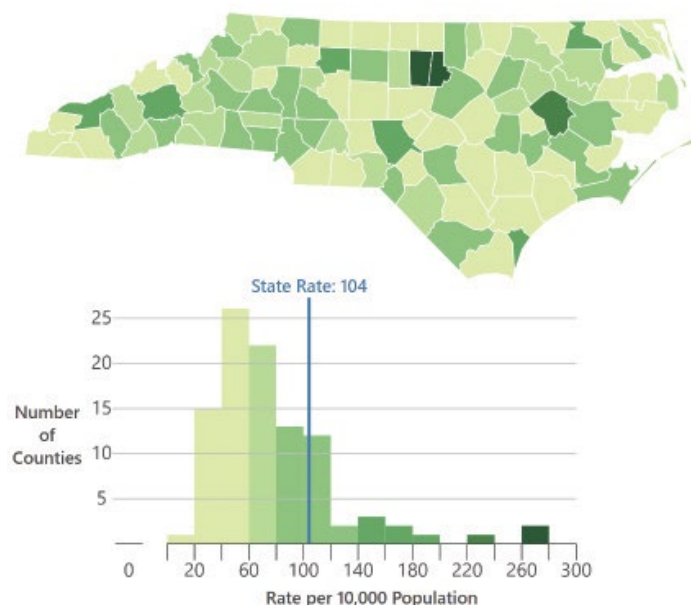
Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created April 29, 2024 at https://nchealthworkforce.unc.edu/interactive/supply/.

"Although increasing nursing program enrollment alone will not solve workforce shortages, increasing funding of nursing programs, raising faculty wages so they can better compete with clinical salaries, and addressing the shortage of preceptors in the state can help increase supply. The good news is that investments in nursing programs yield a high return on investment.... LPN and ADN programs retain 92% of their graduates and BSN programs retain 86% of graduates in North Carolina. By comparison, medical schools in North Carolina retain 38% of their graduates in the state."

- The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North

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[a] NC Nursecast operates using static data and therefore does not capture programs approved since 2021 or any resulting adjustments in modeling outcomes since that time.

Figure 8. Example of Diffusion of RN-ADN Graduates from Select North Carolina Institutions

Source: The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021.
https://ncnursecast.unc.edu/diffusion/

Figure 9. Example of Diffusion of RN-BSN Graduates from Select North Carolina Institutions
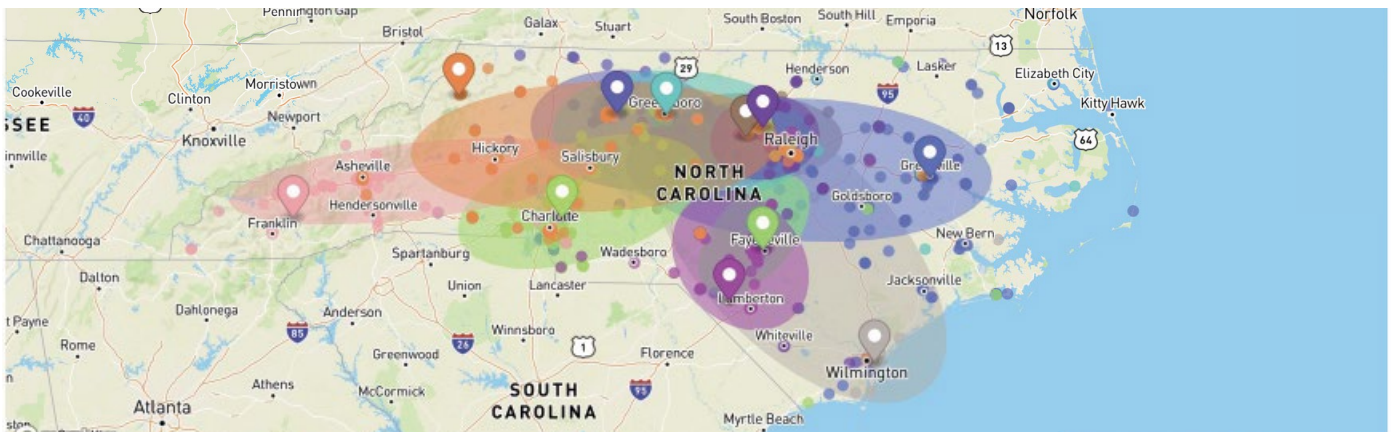
Source: The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021.
https://ncnursecast.unc.edu/diffusion/

Figure 10. Example of Diffusion of LPN Graduates from Select North Carolina Institutions
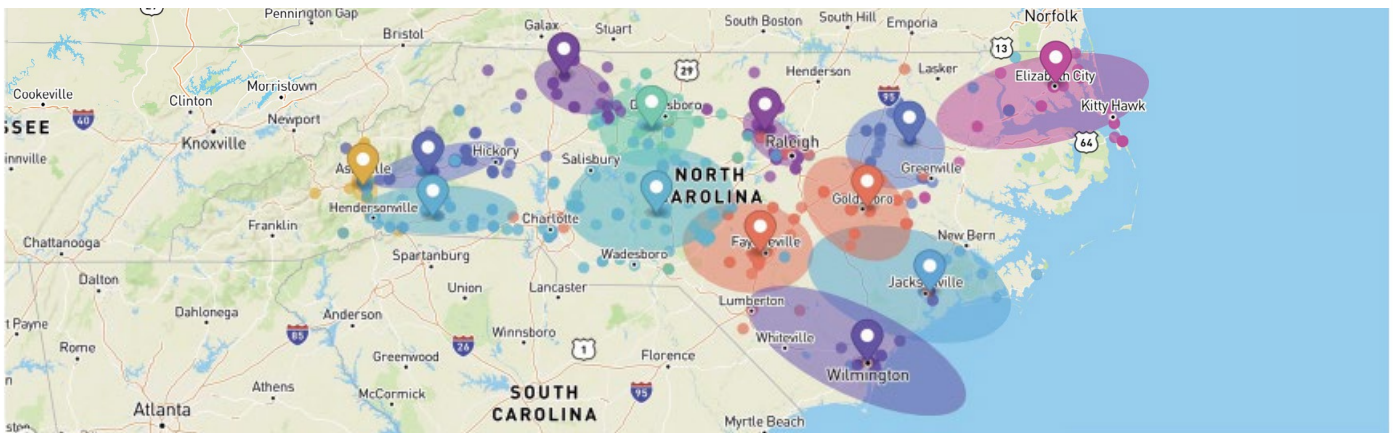
Source: The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021.
*https://ncnursecast.unc.edu/diffusion/*

Strategy 5

Enhance the preparation of nursing students through more inclusive educational environments and curriculum

Strategy 5.2 The collaborative of North Carolina's community college and university nursing programs [see Strategy 2.1] should identify evidence-based holistic admissions practices that have been shown to be effective at enrolling a diverse student body and share experiences and lessons learned with each other to support admission of diverse nursing student cohorts.

Desired Result

North Carolina's nursing education programs will graduate cohorts of new nurses who represent the diversity of the communities they serve.

Why does the task force recommend this strategy?

Incorporating holistic admissions processes for nursing programs can help to cultivate a diverse nursing workforce. This approach evaluates applicants based on their experiences, attributes, and academic metrics, rather than solely on grades and test scores. It recognizes the value of a variety of perspectives in enhancing health care delivery, promoting cultural humility, and addressing health disparities. This not only enriches the profession but also contributes to improving the overall quality of patient care.

Context

Holistic admissions, also called holistic review, in higher education considers various factors beyond GPA and test scores, including "experiences, attributes, potential contributions, and the fit between the applicant and the institutional mission."[49] The goal is to gain a comprehensive understanding of the applicant to foster a diverse and inclusive student body that can benefit from and contribute to the educational environment in unique ways. Schools that have implemented holistic admissions have seen an increase in the diversity of their student body, kept academic standards steady or improved (e.g., graduation and exam pass rates), and reported increases in student engagement, cooperation and teamwork, and openness to different perspectives[50]

Recommended practice for holistic admissions is to include components that evaluate experiences, attributes, and metrics that are traditionally considered part of admissions criteria. This is known as an E-A-M model, and examples include:

- Experiences – "health care or leadership experiences or experiences with adversity or barriers to educational opportunity"
- Attributes – "oral and written communication skills, resiliency, race/ethnicity, first generation college student and gender"
- Metrics – "grade point averages, SAT scores, and/or the Test of Essential Academic Skills (TEAS®)."[51]

North Carolina's 2021–2022 academic year nursing school enrollment by gender and race/ethnicity are presented in Figures 11 and 12. Although academic diversity can often be thought of strictly in terms of race and ethnicity, a wide variety of characteristics should be considered part of developing a diverse student body (see text box, "Examples of Holistic Review and Diversity Considerations").

Is holistic review legal?

"In general, the use of holistic review is legal under federal and state law. However, when race or ethnicity is used as a consideration in the holistic review process (or other enrollment decisions such as financial aid that provide tangible benefits), federal legal requirements will apply. In some cases, state law may place additional requirements upon the school.
In essence, federal legal requirements for nursing schools using race or ethnicity-conscious admission policies are:

1. The policy must be grounded in the nursing school's evidence-based "compelling interest" in the educational benefits of diversity; and

2. The policy must be "narrowly tailored" to achieve that interest. In order to do so, policies must be necessary and flexible, and must not place an undue burden on students who do not benefit from the consideration of race or ethnicity. To meet this requirement, policies must also be subject to periodic review."

-American Association of Colleges of Nursing. https://www.aacnnursing.org/our-initiatives/diversity-equity-inclusion/holistic-admissions/holistic-admissions-tool-kit/legality-of-holistic-review

Figure 11. Percent of Student Enrollment by Gender in North Carolina Pre-Licensure Nursing Programs by Program Type, Academic Year 2022-2023.
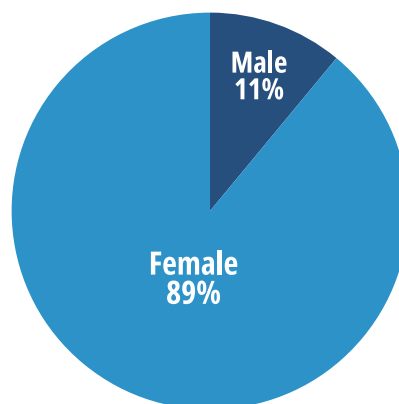
Source: North Carolina Board of Nursing. 2022-2023 Nursing Education Summary report.

Figure 12. Percent of Student Enrollment by Race/Ethnicity in North Carolina Pre-Licensure Nursing Programs by Program Type, Academic Year 2022-2023

Pie chart data:
- White: 53%
- Black/African American: 24%
- Hispanic/Latino/Spanish Origin: 8%
- Asian: 3%
- Muti-Racial: 3%
- American Indian or Alaskan Native: 2%
- Other: 6%
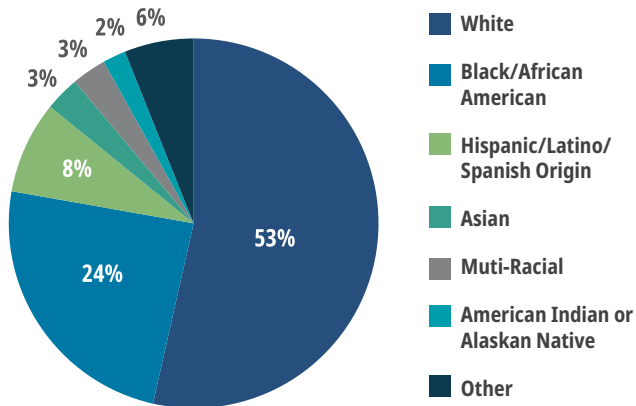
Source: North Carolina Board of Nursing. 2022-2023 Nursing Education Summary report.

Examples of Holistic Review and Diversity Considerations

"Examples of holistic review practices that schools are using and that other institutions might consider include:

- Developing a mission statement for admissions that includes a commitment to diversity and inclusion;

- Providing admissions committees with training related to the school's mission, including diversity;

- Including non-academic as well as academic criteria such as GPA and test scores in the initial screening process;

- Balancing the weight of non-academic and academic criteria during the initial screening process;

- Adding essay questions to the admission application that address the school's mission and goals, and desired experiences and attributes including diversity;

- Evaluating additional criteria related to the school's mission and goals and values (e.g., global health, research mission).

-Artinian NT, Drees BM, Glazer G, Harris K, Kaufman LS, Lopez N, Danek JC, Michaels J. Holistic Admissions in the Health Professions: Strategies for Leaders. Coll Univ. 2017 Spring;92(2):65-68. Epub 2017 Jun 12. PMID: 29200468; PMCID: PMC5708588.

KEY RESOURCE NEEDS

$ Implementation of holistic review requires additional investment in resources like training and systems change, as well as staff support and time.

Strategy 5

Enhance the preparation of nursing students through more inclusive educational environments and curriculum

Strategy 5.3 University and community college nursing programs should:
a) Implement plans to create nursing education environments and curriculum offerings that support inclusive excellence. Implementation should include ongoing evaluation and adjustment based on outcomes and feedback from students and faculty.

b) Work with the North Carolina Organization of Nurse Leaders and the North Carolina Nurses Association to identify best practices in nurse leadership development in the academic and employer settings and opportunities to equitably identify the strengths and skills of current and future nurses that can be harnessed to encourage them to explore roles, additional education, etc., related to health care informatics, health care payment (e.g., value-based care), technology, and business.

Desired Result
Nursing students of all backgrounds and identities will be welcomed and included in their nursing program. Nursing students will have the opportunity to identify and explore their strengths and interests that can contribute to nursing beyond direct patient care. Nursing programs will prioritize the development and implementation of best practices to create inclusive programs that meet the needs of a diverse student population.

Why does the task force recommend this strategy?
Creating welcoming and inclusive educational environments in nursing education is crucial for cultivating a diverse and competent nursing workforce. Such environments not only support students and faculty from various backgrounds and identities in feeling valued and understood but also enrich the learning experience for all students by exposing them to diverse perspectives and ideas. Many nursing programs have begun this work and will continue to do so, while others may be in the early stages of identifying best practices and needed changes. Furthermore, offering opportunities for students to identify and develop their strengths in specialized areas like health care business and informatics is essential in an increasingly complex and technologically driven health care landscape. By identifying nursing students with interests in these areas and equipping them with knowledge, educational programs can prepare them to navigate the evolving health care system effectively, contribute to innovations, and take on leadership roles.

Context

INEQUITIES IN NURSING PROGRAMS AND INSTRUCTION
Nursing education, like many fields in the United States, has a long history of segregation and racial gatekeeping.[52] The professional organizations and related scholarship that shaped contemporary nursing practice and research were homogenous in race and sex. While there have been great strides made in the field's dedication to diversity and inclusion, nursing students of color still face persistent barriers to equitable education, training, and opportunities for advancement.

Related Recommendations from Other Groups

The Future of Nursing 2020-2030
Conclusion 7-4: Successfully diversifying the nursing workforce will depend on holistic efforts to support and mentor/sponsor students and faculty from a wide range of backgrounds, including cultivating an inclusive environment; providing economic, social, professional, and academic supports; ensuring access to information on school quality; and minimizing inequities.
https://nap.nationalacademies.org/read/25982/chapter/9#190

National Commission to Address Racism in Nursing
1. Assess all organizational policies for diversity, equity, and inclusion best practices.
2. Build an organizational anti-racist climate by routinely assessing the perceived racial climate as well as the cultural competence of faculty, staff, and students, and promote cultural competence of faculty, staff, and students. Assess student bias against faculty of color.
3. Provide anti-racism training resources and create open and safe spaces for action-oriented conversations.
4. Build the infrastructure and allocate resources to support underrepresented and disadvantaged students, faculty, and staff. An example of structural resources is the existence of departmental groups and clubs that are inclusive of people of color. These groups could include faculty, staff, and students.

https://www.nursingworld.org/~49b97e/globalassets/practiceandpolicy/workforce/commission-to-address-racism/3racismintheeducationspace.pdf

"Racial, structural, and institutional inequities that are embedded in nursing programs and schools have the most profound impact on the profession because of the expanded reach they have into the future of students who progress and those who fail, the nursing workforce, future nurse educators (NEs), and the health and well-being of our nation."

-National Commission to Address Racism in Nursing. How Does Racism in Nursing Show Up in the Education Space? https://www.nursingworld.org/~49b97e/globalassets/practiceandpolicy/workforce/commission-to-address-racism/3racismintheeducationspace.pdf

Nursing faculty do not reflect the diversity of their students

Baccalaureate Nursing Students (2022):

40% Non-White   **13%** Male

Full-time Nursing Faculty (2021):

19% Non-White   **7%** Male

Source: American Association of Colleges of Nursing. Enhancing Diversity in the Nursing Workforce. https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Enhancing-Diversity-Factsheet.pdf

Lack of diversity in nursing faculty, as shown in the figure above, may be a microcosm of the disproportionate representation of White registered nurses (81%) relative to the population (59%).[53,54] As the nursing workforce moves to reflect a diverse patient population, nursing students would benefit from faculty that represent diverse backgrounds and experiences.

Because people of color were historically excluded from early formative nursing scholarship, certain aspects of nursing curriculum and instruction have reproduced misinformation about non-White patients. Although we know that race is a social category and an insufficient proxy for genetic ancestry, many clinicians maintain false beliefs about perceived biological differences by race. For instance, a 2016 study of White medical students and residents demonstrated that almost a quarter of participants believed false statements about race, including that Black people's skin is thicker than White people's skin and that Black people's blood coagulates faster than White people's blood.[55] Additionally, nursing textbooks that seek to educate students on culture have often been more harmful than helpful. In 2017, Pearson pledged to remove content in a nursing a textbook that offered a list of stereotypes about responses to pain by racial/ethnic group, including statements like, "Native Americans may prefer to receive medications that have been blessed by a tribal shaman" and "Blacks often report higher pain intensity than other cultures."[56] Curriculum is also often plagued by a disproportionate use of White bodies in the classroom and other instructional materials and the minimization of racial inequality in classroom teaching.[57] These paradigms do not prepare students to work with diverse patient populations and to understand the social drivers of inequity, including inequity in health status and outcomes.

Due to inadequate inclusion within nursing programs, nursing students of color can experience a hostile learning environment. A Robert Wood Johnson Foundation survey found that 4 in 10 nurses believe that "racism and/or discrimination was a part of their nursing school's culture".[58] These experiences are more than an inconvenience—they contribute to the isolation and alienation that students of color feel in the classroom and hamper their ability to learn and engage with lessons.[59–61] This environment can also adversely affect student health and well-being.[61]

"As faculty advocating for Black and Brown students, [a focus group participant] described how she was seen as 'a problem'. This same nurse faculty spoke of students experiencing posttraumatic stress because of false accusations brought against their character and integrity, such as false accusations of cheating, and the harm the lack of action taken against racism is causing overall."

-National Commission to Address Racism in Nursing. Summary Report: Listening Sessions on Racism in Nursing. https://www.nursingworld.org/~49be5d/globalassets/practiceandpolicy/workforce/commission-to-address-racism/final-racism-in-nursing-listening-session-report-june-2021.pdf

Racism/Discrimination was experienced in nursing school by:

60% Black Nurses   **45%** Asian Nurses   **40%** LatinX Nurses

Source: Robert Wood Johnson Foundation. Insights Into Nurses' Experiences and Perceptions of Discrimination. 2023. https://www.statnews.com/wp-content/uploads/2023/05/rwjf473632.pdf

SUPPORTING FUTURE NURSING LEADERS

The American Association of Colleges of Nursing (AACN) supports advancing diversity, equity, and inclusion as central to the success of nursing schools in the 21st century. These interests reflect the need to improve the quality of education, address pervasive inequities in health care, and enhance the civic readiness and engagement potential of nursing students. In their **"Building a Culture of Belonging in Academic Nursing"** report, the AACN promotes strategies that include and go beyond representational diversity to support the recruitment and retention of students and faculty of color. Organizational culture change requires the integration of equity into all facets of nursing education, including a program's mission and core values, hiring practices, student recruitment and retention strategies, learning objectives and curriculum, ongoing education, and evaluation.

"Nursing schools must be intentional and committed to cultivating an equitable and inclusive environment that affords students access to culturally proficient faculty, staff, and opportunities to achieve superior academic outcomes, reinforced by anti-racist policies and pedagogies. There should be access and opportunities for students to engage with nursing faculty with diverse experiences and role preparation such as nurse researcher and nurse executive/leader."

--National Commission to Address Racism in Nursing. How Does Racism in Nursing Show Up in the Education Space? https://www.nursingworld.org/~49b97e/globalassets/practiceandpolicy/workforce/commission-to-address-racism/3racismintheeducationspace.pdf

The National League for Nursing (NLN) "serves as the leading voice for nurse faculty and leaders in nursing education.... [and] offers professional development, networking opportunities, assessment services, nursing research grants, and public policy advocacy".[62] NLN's Taking Aim Initiative aims to "enhance the preparation of nursing graduates at all levels of higher education to provide safe, equal, high-quality care to patients, families, and communities at risk".[63] To that end, the program provides a variety of free resources and toolkits to improve understanding and address race, racism, bias, and diversity, equity, inclusion, and belonging.

Primarily White institutions can learn from universities and colleges that have demonstrated a commitment to students of color. In North Carolina, historically Black colleges and universities (HBCUs) have been educating and supporting nurses from diverse backgrounds for decades. These programs are consistently recognized for their NCLEX passage rates, job placements, and support for Black nursing students.[64,65] Additionally, community colleges have a long history of offering low-cost pathways to careers in nursing for students from underserved backgrounds.

Health care students and professionals, especially those who pursue leadership opportunities, are increasingly interested in developing skills related to health informatics, health care payment, technology, and business. Programs like the UNC Center for the Business of Health formalize this education by offering a health care-focused MBA and dual-degree programs with the School of Pharmacy, School of Public Health, School of Medicine, and School of Dentistry. Similar offerings in partnership with nursing programs can build the capacity of future nursing leaders.

Professional nursing organizations like the American Nurses Association (ANA) and the American Organization for Nursing Leadership (AONL) are working to create nursing scope of practice recommendations and identify the competencies necessary to meet contemporary expectations of nursing professionals.[66,67] Given that these discussions are taking place at a national level, it is important for state nursing leaders to integrate these national recommendations into the standards set by the NCBON and competencies in our state's nursing education.

Spotlight on North Carolina

UNC-Chapel Hill School of Nursing offers a master's degree program in health care leadership and administration that is fully online and is partnered with the UNC Center for the Business of Health through the UNC-Chapel Hill School of Business. This program helps nursing leaders "develop a robust foundation in systems-thinking, organization theory, human resource management, health care policy and advocacy, and leadership development".

-Carolina Nursing. MSN Health Care Leadership & Administration. https://nursing.unc.edu/programs/master-of-science-in-nursing/health-care-leadership-administration

KEY RESOURCE NEEDS

Nursing education programs will need financial support, as well as tools and best practices, in the continued work to improve the educational environment and expand opportunities for students to learn skills in health informatics, health care payment, technology, and business.

Strategy 5

Enhance the preparation of nursing students through more inclusive educational environments and curriculum

Strategy 5.4 NC AHEC should contribute to the advancement of mentorship programs by:

a) Completing an environmental scan to identify effective mentorship programs that support the development of underrepresented groups in nursing.

b) Partnering with North Carolina's community college and university nursing programs, employers of nurses, and state trade associations to identify opportunities and strategies to replicate or tailor programs to different schools/communities.

Desired Result

Nursing education programs will have a resource to learn from existing mentorship programs and will have tools to help replicate or tailor mentorship programs for their student population. Serving as a nurse mentor will be considered a valuable and necessary role for a professional nurse.

Why does the task force recommend this strategy?

Mentorship programs within nursing education are pivotal for the professional development and retention of nurses, especially for those from underrepresented populations. These programs offer guidance, support, and opportunities for personal and professional growth. For underrepresented groups in nursing—including people of color, Spanish speakers, males, and people with disabilities—mentorship can be particularly empowering, providing role models who share similar backgrounds and experiences. This representation helps in breaking down barriers to advancement and fosters a sense of belonging and inclusion within the nursing community. While many mentoring relationships are informal, effective mentorship requires organization and effort. Nursing programs in North Carolina offer a spectrum of mentorship experiences for their students. However, there has not been a comprehensive description and evaluation of existing formal mentorship programs. NC AHEC can contribute to the advancement of nursing mentorship by conducting an environmental scan of mentorship programs, especially those that support the development of underrepresented groups, and by partnering with colleges and universities, nursing employers, and state trade associations to develop tailored mentorship programs for nursing education.

Related Recommendations from Other Groups

North Carolina Caregiving Workforce Strategic Leadership Council Action Areas

Initiative #1: Establish academic coaches for community college students.

https://www.ncdhhs.gov/investing-north-carolinas-caregiving-workforce-recommendations-strengthen-north-carolinas-nursing/download?attachment

Context

BENEFITS OF MENTORSHIP IN NURSING EDUCATION

Mentorship is defined as "the support provided by a mentor, who offers a nurturing relationship that involves sharing knowledge and experience, providing emotional support, advice, feedback, role-modeling, and guidance that extends over time" and has been shown to improve student success and retention.[68,69] Nursing mentorship is often beneficial to both the mentee and the mentor:

- **Student mentees** receive guidance from someone currently working in the nursing field, discover diverse nursing roles and specialties, refine their problem-solving skills, and expand their professional network.[70,71]

- **Nurse mentors** can enhance their communication skills, acquire a fresh perspective on the latest nursing education trends, gain personal fulfillment through service, and re-energize their own passion for the nursing profession.[72]

Mentoring is also an important strategy to support the professional development of underrepresented groups in nursing, increasing student retention, academic success, satisfaction, and NCLEX passage rates among students of color. A lack of mentorship has been consistently cited as a barrier for male nursing students.[73–75] Male students and students of color may be more likely than other students to:

- Balance work and family commitments during their education.[75–78]

- Experience isolation due to having fewer faculty and peers with whom they can relate.[74,79]

MENTORSHIP PROGRAMS AND TRAINING

Effective mentorship programs are developed and implemented with intentionality. **The Robert Wood Johnson Foundation New Careers in Nursing Scholarship Program** provides a comprehensive mentorship toolkit that includes guides to assessing existing mentorship, if any, within nursing programs and designing a new mentorship program that offers core components, including a:

- Definition of mentoring
- Clear mentoring process
- Identification of learning goals
- Opportunities for ongoing reflection and evaluation
- Guidance on closing the mentoring relationship.[80]

Mentorship is a skillset. In addition to having the requisite professional experience, mentors are often expected to actively listen, express clear written and verbal communication, manage professional boundaries, and provide emotional support. Professionals and advanced students will approach the mentor role with a diverse array of previous experiences. Thus, organized mentorship programs will **clearly outline responsibilities for both mentors and mentees**, while also allowing the parties in each mentoring relationship to set their own expectations related to communication and learning goals.[80] Programs may even train mentors prior to connecting them with student mentees. For example, **Campaign for Action**, a national campaign to transform health and health care through nursing, hosted mentor trainings for representatives from over 100 nursing programs across the country and convenes monthly mentorship learning collaborative meetings.[81] Additionally, as the profession strives to diversify its workforce, it is imperative that nurse mentors are trained to guide students from a variety of backgrounds and experiences.[82] This may include education about racial equity, implicit bias, and cultural humility—concepts that are also necessary for advancing health equity.[82,83]

MODELS FOR MENTORSHIP IN NURSING EDUCATION IN NORTH CAROLINA

Some programs in the state are tailored to underrepresented groups. **Duke University School of Nursing Office of Diversity, Equity, Inclusion, and Belonging** offers three mentorship programs. The Mentoring to Increase Access to Health Professions (MAP) program is designed to provide ongoing mentorship by faculty and health professionals to facilitate undergraduate students' integration and completion of a health profession program.[84] The Mentoring Black Nurses Towards Success program matches undergraduate Black nursing students with Black clinical staff nurses employed by the Duke University Health System.[85] The Leading to Equitable Access to Health Professions (LEAHP) seeks to increase undergraduate nursing students' readiness for successful entry into advanced practice nursing programs through mentorship relationships with advanced practice nursing faculty and students.[86]

Some programs offer mentoring as part of wraparound student support services. For example, the **Western Carolina University School of Nursing PEN Scholars program** provides a learning cohort, tailored academic advising, mentoring, and coaching for undergraduate nursing students from disadvantaged groups.[87] **North Carolina Agricultural and Technical State University** (NC A&T) offers a residential learning community for first-year nursing students, assigning each student a junior-level peer mentor.[88]

State community colleges have also created opportunities for students to be mentored by nurses. For instance, **Durham Technical Community College** (Durham Tech) and the **Duke University Health System** (DUHS) have partnered in support of a nursing talent pipeline, with DUHS providing clinical instruction and mentorship for Durham Tech nursing students.[89] Additionally, **Carteret Community College and Carteret Health Care** have partnered to create a certified nursing assistant apprenticeship program, offering paid training for four to six weeks while connecting nurse assistants with a nursing mentor in a comprehensive acute care setting.[90] These opportunities align with the North Carolina Caregiving Workforce Strategic Council recommendation to provide academic coaches for community college students.

KEY RESOURCE NEEDS

$ NC AHEC will need additional financial resources to complete the environmental scan.

??? North Carolina's community college and university nursing programs, employers of nurses, and state trade associations can partner to replicate programs and develop communications strategies and dissemination plans to help target audiences to learn about these programs.

Additional Resources

Strategy 3 - Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages

- Recommendations on Increasing Nursing Graduates: In Response to SL 2022-74 (HB 103), Section 8.3
- Are You Paying Your Nursing Faculty and Leaders Enough? – Synergis Education

Strategy 5 - Enhance the preparation of nursing students through more inclusive education environments and curriculum

- How Does Racism in Nursing Show Up in the Education Space? – National Commission to Address Racism in Nursing
- Interactive data visualizations of North Carolina's supply of health professionals - Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research
- Building a Culture of Belonging in Academic Nursing: Assessing Culture, Climate, and Belonging Using LAMPSM – American Association of Colleges of Nursing
- Holistic Admissions Tool Kit - American Association of Colleges of Nursing
- Enhancing Diversity in the Nursing Workforce - American Association of Colleges of Nursing
- Taking Aim Resources – National League for Nursing
- Mentorship: A Student Success Strategy Mentoring Program Toolkit - Robert Wood Johnson Foundation

CHAPTER 2 - REFERENCES

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3

CHAPTER THREE

Developing, Sustaining, and Retaining Nurses in their Careers

To meet the challenge of ensuring a strong future for the nursing workforce, a variety of structures and practices need to be addressed from the health care systems level to the individual practitioner level. Strong leadership is needed from policymakers and employers to transform systems and structures that are impacting nurses and other members of the health care workforce. Patients ultimately face the greatest impacts of these workforce challenges through decreased access to services and decreased quality of care.

Data from the 2022 National Nursing Workforce Survey emphasize the reality of the nursing workforce crisis we are facing. Burnout, well-being, and career satisfaction are just some of the challenges impacting retention within the profession and within certain practice settings.

Plans to Retire
28% of RNs and 26% of LPNs planned to retire in the next 5 years compared to 21% and 20%, respectively, who responded this way in 2020.
- 2022 National Nursing Workforce Survey

A 2022 national survey of nurses found that among RNs and LPNs:

51% feel "emotionally drained from work" at least a few times each week

28%+ feel "like they were at the end of their rope" at least a few times each week

26% feel burned-out from work every day

Only **5%–7%** reported never feeling emotionally drained from work.

Source: 2022 National Nursing Workforce Survey

Median Annual Earnings in NC, 2022
RNs: $78,316 | LPNs: $50,000

Median wages for RNs and LPNs are higher across specialties for men than those for women.
2022 National Nursing Workforce Survey

Impact of COVID-19 Pandemic on Employment, 2022:

I LEFT NURSING
3% RNs   4% LPNs

I RETIRED
6% RNs   6% LPNs

I BECAME A TRAVEL NURSE
5% RNs   4% LPNs

I CHANGED MY PRACTICE SETTING
16% RNs   11% LPNs

Source: 2022 National Nursing Workforce Survey

A 2023 AMN Healthcare Survey of RNs found that "career satisfaction and related factors declined significantly since the 2021 RN Survey conducted in the middle of the pandemic."[1] These findings include:

- "Career satisfaction has been at 80-85% for a decade, but in 2023 dropped to 71%
- Likelihood of encouraging others to become a nurse is down 14 points from 2021
- Only one-third of nurses say they have ideal time to spend with patients, a 10-point decrease from 2021 at 43%
- The percentage of nurses who are satisfied with the quality of care they provide at their current job decreased 11 points from 2021, from 75% to 64% in 2023
- Compared to older nurses, younger nurses are significantly less satisfied with their careers and jobs and are less likely to encourage others to become nurses"[1]

The Task Force on the Future of the Nursing Workforce has made five overarching recommendations related to nursing career progression and retention to strengthen the workforce for the future. Each recommendation includes specific strategies and actions.

RECOMMENDATION #2: Enhance the educational and career advancement of nurses through all stages of their careers, particularly those serving in practice environments experiencing persistent shortage (e.g., hospital, long-term care, underserved, and rural settings) (Page 55)

RECOMMENDATION #3: Ensure a workplace culture that values the physical and psychological safety and well-being of nurses (Page 62)

RECOMMENDATION #4: Expand the role of nurses in leadership, shared decision-making, and team communication (Page 79)

RECOMMENDATION #5: Improve retention of nurses in practice environments with high rates of turnover or vacancies by addressing work environment issues such as workloads and offering flexibility in scheduling (Page 90)

KEY RESOURCE NEEDS

Key resource needs to implement recommendations are highlighted through this report using the following icons.

$ FINANCIAL RESOURCES

??? TOOLS AND NON-FINANCIAL RESOURCES

ADVOCACY OR PUBLIC AWARENESS

RECOMMENDATION #2

Enhance the educational and career advancement of nurses through all stages of their careers, particularly those serving in practice environments experiencing persistent shortage (e.g., hospital, long-term care, underserved, and rural settings).

Nurses need and want a continuum of professional development, or "a life-long process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing their professional practice and supporting achievement of their career goals".[2] As nurses progress through their career, they have different needs to support their professional practice along this continuum.

New nurses need intentional and comprehensive orientation to the culture and practices of their work environment as they begin their careers. Without adequate support during this transition period, new nurses experience high levels of stress and burnout that can lead to increased rates of attrition during their first year of employment. This impacts individual nurses, health care teams, employers, and ultimately the patients they are caring for.

Mid-career nurses may consider furthering their education or may be interested in transitioning to different practice environments or specialties. Allowing flexibility and providing supports for exploring these options shows respect for the unique strengths and goals of nurses as individuals and recognizes the value of the nursing perspective across all health care delivery settings.

In later stages of their careers, nurses have immense experience and wisdom. They can use this wealth of knowledge to help train, mentor, and lead new and mid-career nurses, health care teams, and organizations more broadly.

The Task Force on the Future of the Nursing Workforce recommends the following strategies to enhance the educational and career advancement of nurses through all stages of their careers:

Strategy 6 – Strengthen transition to practice and early career development for nursing students and new graduates across all care delivery settings (Page 56)

Strategy 7 – Identify opportunities for nurses to participate in educational advancement, leadership, mentoring, and preceptorship (Page 57)

Strategy 8 – Strengthen opportunities and incentives for later-career nurses to participate in mentor and preceptor roles (Page 59)

"Opportunities for career development have been recognized to resonate with nurses' experience of a meaningful working life and to be one of the key factors in workforce retention. However, factors supporting career development, such as clear progression routes and advocacy by leadership, have often been found lacking."

-Kallio H, et al. Registered nurses' perceptions of their career—An interview study. J Nurs Manag. 2022 Oct; 30(7): 3378–3385. doi: 10.1111/jonm.13796

Strategy 6
Strengthen transition to practice and early career development for nursing students and new graduates across all care delivery settings

Strategy 6.1 Academic programs in nursing, North Carolina Area Health Education Centers, and employers of nurses should collaborate to expand the availability of new graduate nurse residency programs, including in more underserved and community-based settings, such as rural communities and community-based nursing practice.

Desired Result
New nurses will feel confident and prepared to serve patients and retention rates within the first two years of practice and beyond will improve.

Why does the task force recommend this strategy?
Retention of new nurses and patient safety are key reasons that transition-to-practice initiatives, such as residency programs, are necessary. The cost of nurse turnover can be high for employers at up to $88,000 per nurse.[3] In addition, it is more common for such programs to be provided in hospital settings. Offering residency programs could encourage new nurses to find employment in community-based settings and other less common settings for new nurses, such as those in rural areas.

Context
Transition-to-practice nurse residency programs are designed to support new nurses as they transition from nursing school to clinical practice. They can help new nurses gain the knowledge, skills, and confidence they need to deliver safe, high-quality patient care. Programs typically include classroom instruction, clinical rotations, and mentorship. Residency programs help improve nurse retention and readiness for practice while increasing job satisfaction compared to a standard orientation program. More than half of nurses and 39% of physicians who responded to a survey about effective methods to reduce burnout and improve well-being in the hospital setting said that "more resources to support new-to-practice clinicians" would be effective.[4]

RESEARCH SUPPORTS THE IMPORTANCE OF TRANSITION TO PRACTICE PROGRAMS
A study by the National Council of State Boards of Nursing provides evidence for the importance of structured programs for transition to practice. The study was conducted in two phases, first "in hospitals with RNs, while Phase II was conducted in public health, home health, and nursing home settings with RNs and LPNs".[5] Outcomes from the first phase showed that programs were most successful at reducing errors and work stress and improving competence, use of safety practices, job satisfaction, and retention if they involved:

- "A formalized program that is integrated into the institution, with support from higher administration;
- A preceptorship, and the preceptor should be educated for the role;
- The program is 9-12 months in length;
- Content includes patient safety, clinical reasoning, communication and teamwork, patient-centered care, evidence-based practice, quality improvement, informatics;
- Time for new graduates to learn and apply the content and to obtain feedback and share their reflections;
- Customization so the new graduates learn specialty content in the areas where they are working."[5]

Results from Phase II of the study are not yet available.

EXAMPLES FROM NORTH CAROLINA AND BEYOND

- **NC Hospice & Home Care Pilot** – The Hospice & Home Care Foundation of North Carolina developed, piloted, and is now rolling out a program statewide to help nursing programs and home care and hospice employers prepare students and onboard new graduates to serve in this setting. "Part of the pilot included creating a successful curriculum and an onboarding model for any home health and hospice employer to help a new employee, whether the employee was a brand new nurse or a nurse new to the specific specialty."[6]

- **NC Credentialed Public Health Nurse Program** – The first of its kind in the nation, this award-winning credential program ensures public health nurses have access to the specialty's current scope and standards of practice information, supports continuing competency, and is required by 10A NCAC 46 .0301 to be completed within one year of employment with a health department.[7]

- **Cleveland Clinic Professional Career Pathway** – "Nurses in their first year of employment at Cleveland Clinic have many professional development opportunities that help them acclimate to their department and participate in available programs and initiatives."[8] After the first year, nurses select one of four professional tracks: Leadership, Clinical Expert, Advanced Practice, and Beyond Bedside Care. Tracks feature developmental courses, experiential learning, and supporting activities.

🔑 KEY RESOURCE NEEDS

An environmental scan of existing programs would serve as guidance for employers seeking to develop these programs. Possible entities that could conduct an environmental scan include NC AHEC, nursing trade associations, employer trade associations, and the NC Center on the Workforce for Health.

Financial support is needed for an organization to conduct an environmental scan of existing programs.

Strategy 7

Identify opportunities for nurses to participate in educational advancement, leadership, mentoring, and preceptorship

Strategy 7.1 Employers should consider:
a) Partnering with academic institutions and NC AHEC to create cross-training and refresher course opportunities for nurses to transition into different specialty areas if desired, allowing for flexibility within nursing education and clinical practice.

b) Prioritizing education initiatives and work schedule flexibility to support nursing staff seeking higher education opportunities, such as accelerated BSN programs, LPN to BSN, MSN entry programs, DNP, and PhD pathways.

Desired Result
Nurses interested in developing new skills or pursuing further education in nursing will be encouraged and supported by their employers.

Why does the task force recommend this strategy?
Employers can help to develop the careers of their nurse employees by supporting them in their pursuit of developing new skills or furthering their education. Doing so can directly contribute to the enhancement of patient care quality, fostering a culture of continuous learning, and boosting overall job satisfaction and retention rates. When nurses are encouraged and supported to advance their education and skill set, they bring back a wealth of knowledge and innovative practices to their workplace, improving patient outcomes and health care delivery. This investment in nurses' professional development also signals to the staff that their growth and contributions are valued, leading to increased loyalty and a lower likelihood of turnover. Furthermore, by facilitating opportunities for advancement, employers can cultivate a workforce that is versatile, highly skilled, and better equipped to meet the evolving demands of health care. This not only strengthens the health care team's capacity to tackle complex patient care challenges but also positions the organization as a forward-thinking and desirable employer for current and prospective nursing professionals.

Context

TRAINING FOR NEW ROLES
Nurses can practice in a wide variety of practice settings and specialties with some additional training and orientation. Most nursing curricula remain focused on the acute care environment, however the need for more nurses in other care delivery settings, especially community settings, is needed. For nurses seeking a change, curious about different patient populations, or interested in learning new skills, the opportunity to explore these options can be a significant incentive to remain in practice and continue working for their employer. For employers, particularly in larger practices or health systems, this can be an opportunity to retain valuable employees.

Considerations for providing opportunities to learn new skills and change roles include:

- **Regulatory Requirements** - Different specialties may have specific regulatory requirements or certifications. Ensuring that the cross-training meets these requirements is crucial for the nurse to practice legally and effectively in the new specialty area.

- **Clinical Competencies** -The training should encompass the necessary clinical competencies required for the new specialty. This includes both theoretical knowledge and practical skills, ensuring that the nurse can provide safe and effective care in their new role.

- **Mentorship and Support** - Transitioning to a new specialty can be challenging. Providing access to mentorship from experienced professionals in the target specialty can greatly enhance the learning experience, offering guidance, support, and real-world insights.

- **Integration of Evidence-Based Practice** - The training should incorporate the latest evidence-based practices relevant to the new specialty. Keeping abreast of current research and best practices ensures that nurses can provide the most up-to-date care.

- **Flexibility in Training Delivery** - Considering the busy schedules of nursing professionals, offering flexible training delivery methods such as online modules, part-time classes, or intensive workshops can make it more feasible for nurses to participate.

Spotlight on North Carolina

Primary Care RN Certificate at the University of North Carolina at Chapel Hill – The certificate is "self-paced and consists of 5 modules. Modules review common issues in contemporary primary care settings and incorporate how changes to patient care delivery systems impact RN practice.... This broad overview of primary care will help RNs currently working in acute or long-term care to become familiar with primary care terminology, concepts, and basic skills. Every module culminates in a twenty to twenty-five-question, multiple-choice exam that assesses your mastery of the learning outcomes".
Source: The University of North Carolina at Chapel Hill. Primary Care RN Certificate at UNC-Chapel Hill. https://primarycare.web.unc.edu/course-description

Primary Care Certificate at Western Carolina University – WCU has successfully trained new graduate nurses through a post-BSN residency model and has developed specific continuing education focused on primary care nursing. The certificate "prepare[s] baccalaureate nurses to function at the highest level of their license in all aspects of inter-professional primary care. Nurses will be prepared to function as leaders and educators providing excellent care in patient-centered health maintenance, prevention of illness, chronic disease management, triage, case management, quality metrics and population health".
Source: The University of North Carolina at Chapel Hill. Primary Care RN Certificate at UNC-Chapel Hill. https://primarycare.web.unc.edu/course-description

SUPPORTING NURSES IN CONTINUING EDUCATION

Providing flexibility and support to nurses to seek advanced degrees in nursing can benefit employers in several ways. These include higher skill levels in patient care, implementation of best practices, increased leadership experience, increased compliance with accreditation standards, employee loyalty, and attracting new talent.

Employers can adopt several strategies to help nurses have the flexibility to pursue further education. Some effective approaches include:

- **Flexible Scheduling** - Implementing flexible work schedules or reduced hours can accommodate nurses' class times and study requirements. This could involve offering longer but fewer shifts per week (e.g., three 12-hour shifts) or allowing for part-time work arrangements.

- **Tuition Assistance Programs** - Providing financial support through tuition reimbursement or scholarships can alleviate the financial burden of further education on nurses. This support can be linked to service commitments, ensuring that the organization retains skilled employees after their educational advancement.

- **Leave of Absence or Educational Leave** - Offering sabbaticals or leaves of absence for nurses pursuing advanced degrees or certifications can be a significant support, allowing them to focus on their studies without the stress of balancing work and education simultaneously.

- **Career Development Planning** - Working with nurses to develop personalized career development plans that include educational goals can help align their aspirations with organizational needs. This planning can help identify the best times for pursuing further education based on the nurse's career trajectory and the employer's staffing needs.

- **Supportive Workplace Culture** - Cultivating a culture that values continuous learning and professional development can motivate nurses to pursue further education. Recognition of educational achievements and creating an environment that encourages sharing new knowledge and skills with colleagues can further enhance this culture.

- **Partnerships with Educational Institutions** - Establishing partnerships with colleges and universities can provide nurses with benefits such as discounted tuition, specialized programs tailored to the organization's needs, and direct access to educational advisors.

- **Professional Development Opportunities** - Offering in-house training, workshops, seminars, and conferences can complement formal education and provide nurses with additional learning opportunities that are directly relevant to their work.

KEY RESOURCE NEEDS

Trade associations representing employers of nurses should help employers implement strategies to promote career progression for nurses through additional training and education by developing and/or promoting resources that help employers learn from best practices from their peers and research, employer trade associations, and the NC Center on the Workforce for Health.

Employers will need to identify additional resources or reallocate existing resources to accomplish this work. Health care payers could help by identifying payment incentives for employers to provide educational advancement opportunities to nurses.

Strategy 8

Strengthen opportunities and incentives for later-career nurses to participate in mentor and preceptor roles

Strategy 8.1 Employers of nurses should promote and support the concept of nurse mentor as a highly valued professional practice role and develop or sustain roles for nurses to serve as unit leaders, mentors, and preceptors that provide:

a. Relevant management training and supports.

b. Formalized systems of knowledge transfer and mentoring.

c. Professional valuing of the nurse mentor role.

Desired Result

Nurse mentorship will be a valued role and relationship and employers of nurses will work to intentionally develop potential nurse mentors.

Why does the task force recommend this strategy?

Promoting and supporting the role of nurse mentors is crucial for employers as it fosters professional development, enhances patient care, and contributes to a positive work environment. Nurses in mentorship roles act as unit leaders, guiding less experienced nurses through complex clinical situations and nurturing their professional growth. This investment in mentorship not only upholds high standards of care but also contributes to job satisfaction and retention by creating a supportive learning culture. Furthermore, having seasoned nurses serve as preceptors improves the transfer of knowledge to new nurses and helps to maintain best practices. This can ultimately lead to improved patient outcomes and a strengthened health care team.

Context

Nurse unit leaders, mentors, and preceptors play a pivotal role in health care, serving as the backbone of nursing teams and the bridge between management and staff.

- **Unit leaders** are responsible for overseeing the operations of a nursing unit, ensuring that patient care is delivered efficiently and effectively. They set the tone for the unit's working environment and culture, fostering teamwork and collaboration among staff.

- **Mentors** in nursing provide guidance and support to less-experienced nurses, aiding in their professional development and helping them navigate the complexities of patient care. Through one-on-one coaching, they share valuable knowledge and skills, contributing to the overall competence and confidence of the nursing staff.

- **Preceptors**, on the other hand, are tasked with the hands-on orientation and training of new nurses or nursing students. They introduce novices to the practical aspects of nursing, from patient care protocols to the nuances of daily operations within a health care facility. Preceptors play a critical role in the transition of new nurses into the workforce, ensuring they are well-prepared to meet the demands of the profession.

These roles are essential in maintaining high standards of nursing practice, promoting quality patient outcomes, and ensuring a robust pipeline of skilled nursing professionals ready to meet the future challenges of health care.

Spotlight on North Carolina

"My experience during the Oncology Nurse Leader Mentor Program was great. The program gave me the opportunity to identify my baseline strengths and weaknesses and allowed me to have a dedicated person to be a resource for me.

The program was structured to allow me to focus on some of the key aspects that are important to develop and grow the nurse leader, things like (finance, multi-disciplinary collaboration, and conflict resolution). Previously nurse managers entering the role as an oncology leader would learn how to handle these scenarios as they occurred, but participating in this mentorship program allowed me the opportunity to have a baseline knowledge of how to handle the scenario should it present itself.

I also feel that being part of this program helped me understand my executive leadership structure, my help chain and resources that are available to me in my role. Participating in this program has set me up for longevity in leadership and I certainly recommend this to all new nurse leaders."

--Personal communication. Nursing Manager, Operations, Duke Cancer center Raleigh. Amanda Eley. April 17, 2024.

Employers can play a critical role in developing nurses into unit leaders, mentors, and preceptors. They can facilitate this by providing leadership training and continuing education opportunities and by fostering a culture that values mentorship and peer support. Recognizing and rewarding these roles can motivate experienced nurses to take them on. Additionally, creating structured mentorship and preceptorship programs can ensure that knowledge is effectively passed on, improving patient care quality and nursing staff retention. Employers can also support networking and professional development activities that allow nurses to learn from each other and from leaders in the field.

Mentorship can be particularly important for groups that are underrepresented in nursing or who have faced barriers to advancing in their careers. The summary report from the listening sessions on racism in nursing conducted by the American Nurses Association and the National Commission to Address Racism in Nursing makes the following assertion on this topic:

"The need for formal and structured mentorship programs was a common theme referenced during each listening session. Nurses expressed the wish that they had learned how to navigate racism in nursing through mentorship programs. Nurses shared experiences of other BIPOC nurses who provided informal mentorship and support and even mentorship by White allies aware of the challenges of racism in the workplace who offered advice on how to navigate the challenges of racism imposed by their peers. Most important, nurses expressed the frustration of not seeing changes in the landscape throughout their careers and the desire to mentor future nurses to help them advance."[9]

🔧 KEY RESOURCE NEEDS

$ Introducing new trainings and processes may require additional or reallocation of funds by employers. Health care payers could help by identifying payment incentives for employers that have intentional and structured mentor or preceptor development programs.

??? Trade associations can help to direct employers to existing resources for best practices in mentorship and leadership development.

Strategy 8
Strengthen opportunities and incentives for later-career nurses to participate in mentor and preceptor roles

Strategy 8.2 North Carolina nursing associations should promote the concept of nurse mentor as a professional identity for experienced nurses and identify standards and practices for nurse mentorship and existing trainings.

Desired Result
More nurses will value the role of nurse mentor and be recognized for engaging as nurse mentors.

Why does the task force recommend this strategy?
It is essential for experienced nurses to recognize the value of mentorship and envision themselves as future mentors to foster a culture of continuous learning and support within the nursing profession. By embracing mentorship roles, experienced nurses can pass on their knowledge, skills, and insights, contributing significantly to the development of novice nurses. This not only enhances patient care quality but also strengthens the nursing workforce by ensuring that newer nurses are well-prepared, confident, and capable of facing the challenges of modern health care environments.

Context
There is growing awareness of the benefits that mentorship brings, not just in skill enhancement but also in fostering a supportive work environment. However, challenges such as time constraints, staffing shortages, and the lack of formal mentorship programs in some settings may limit its implementation. Despite these hurdles, many within the nursing profession are advocating for stronger mentorship structures to ensure the transfer of knowledge and the nurturing of future nursing leaders.

"Whatever stage you're at in your nursing career, there are benefits to being or having a nurse mentor. As a mentor, you'll guide and oversee less experienced nurses and help facilitate their career development. This dynamic, supportive relationship provides tremendous growth opportunities and can be conducted formally or informally.

The importance of mentoring in nursing includes the opportunity to challenge the mentee and their mentor to think differently while considering areas for professional improvement. This one-on-one relationship sometimes lasts for years and benefits both the mentor and mentee."

-ANA Enterprise. Mentorship in Nursing: Benefits & Why It's Essential. https://www.nursingworld.org/resources/individual/benefits-of-mentorship-in-nursing/

To further embed mentorship within nursing culture, there needs to be a paradigm shift that elevates mentorship as a core value and integral part of nursing identity. This involves creating a culture where continuous professional development and team support is prioritized, and where experienced nurses are encouraged and trained to mentor effectively. Recognizing and rewarding mentoring efforts can affirm their value, inspiring more nurses to take on these roles. Ultimately, fostering a culture that celebrates knowledge sharing and collaboration can significantly enhance the nursing profession's growth and the quality of patient care.

Nursing associations can promote the concept of nurse mentorship by creating platforms for networking and knowledge exchange, offering resources and training for potential mentors, and recognizing outstanding mentorship through awards and acknowledgments.

EVIDENCE SUPPORTING MENTORSHIP
Although much of the research related to outcomes of nurse mentorship is anecdotal, one study highlights the potential benefits. The **Be1Support1 mentorship program** "offers individualized mentorship through culturally congruent customized pairing between experienced nurse mentors and novice nurses".[10] A study of the program found that:

- 60% of survey respondents who participated said that "their mentoring relationship had positively influenced their decision to stay in nursing".
- 64% said that "the mentoring relationship had provided a positive influence on their self-confidence".
- 56% said that "their mentorship had provided a positive influence on their problem-solving ability".
- 58% said that "their professional communication skills had been enhanced as a result of the mentorship".[10]

RECOMMENDATION #3

Ensure a workplace culture that values the physical and psychological safety and well-being of nurses

Nurses are at the frontline of health care, providing essential services that demand not only physical stamina but also emotional resilience. The nature of their work exposes them to various risks, including occupational injuries, infectious diseases, emotional and psychological stress, harassment, and assault. A supportive workplace culture that prioritizes their safety and well-being can have far-reaching positive effects on health care delivery, patient care, and the nursing profession as a whole.

ENHANCING PATIENT CARE AND SAFETY
The well-being of nurses is intrinsically linked to the quality of patient care and safety. Nurses who work in environments that prioritize their health and safety are more likely to be engaged, attentive, and capable of delivering high-quality care. They are less prone to making errors, more likely to catch potential issues before they escalate, and better equipped to provide compassionate care. A positive workplace culture can reduce burnout and turnover, helping to retain experienced nurses in the profession, thereby maintaining a stable and skilled workforce dedicated to patient safety.

PROMOTING NURSE RETENTION AND RECRUITMENT
Nursing shortages pose a significant challenge to health care systems, and a workplace that values nurse safety and well-being can significantly enhance retention by creating a positive and supportive environment that encourages nurses to stay in their positions long term. Moreover, fostering a culture of safety and well-being can make the profession more attractive to potential employees and help to alleviate workforce shortages. This is particularly crucial in attracting the next generation of nurses, who increasingly prioritize workplace culture, life work balance, recognition, and values in their career choices.

> **Nurses' Perception of Employer Priorities, US**
> **"My workplace culture prioritizes the well-being of its staff."**
>
> **31% Agree or Strongly Agree**
> **42% Disagree or Strongly Disagree**
>
> *- Pulse on the Nation's Nurses: Mental Health and Wellness Survey by American Nurses Foundation; https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-*

SUPPORTING MENTAL HEALTH
The emotional and psychological demands of nursing—dealing with suffering, death, and critical situations—can take a significant toll on nurses' mental health. A culture that promotes psychological safety, provides support for mental health, and encourages open discussions about stress and burnout is essential for helping nurses manage these challenges. Access to resources such as counseling services, stress management programs, and peer support can help nurses maintain their mental health and perform their roles effectively.

ENHANCING TEAMWORK AND COLLABORATION
A workplace culture that values safety and well-being fosters a sense of camaraderie and collaboration among nurses and between interdisciplinary teams. When nurses feel supported and safe, they are more likely to contribute ideas, speak up about concerns, and work together to solve problems, leading to more effective teamwork and improved patient outcomes. Such an environment encourages learning and innovation, allowing nurses to share knowledge and best practices. Intentional efforts to promote effective team-based care are needed, with dedicated time and resources for team development. The holistic perspective that nurses bring to the table makes nurses well suited to lead interprofessional teams.

REDUCING HEALTH CARE COSTS
Investing in the safety and well-being of nurses can also lead to cost savings for health care organizations. Costs associated with nurse turnover, absenteeism, and occupational injuries can be significant. By creating a safer and healthier work environment, health care organizations can reduce these costs. Furthermore, by improving the quality of care and patient safety, organizations can capitalize on the financial incentives associated with quality care and outcomes for patients.

> *"Only one quarter of nurses (26%) say their employer supports a culture of wellness a great deal or a lot, down from 34% in 2021. Nearly one-half (46%) say their employer supports a culture of wellness a little or not at all."*
> *- AMN Healthcare Survey of Registered Nurses, 2023; https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-rnsurvey-2023-final.pdf*

BUILDING A POSITIVE PUBLIC IMAGE
Health care organizations that are known for valuing their employees' safety and well-being are more likely to be viewed positively by the public and their own staff. This positive reputation can enhance patient satisfaction, attract high-quality health care professionals, and position the organization as a leader in health care delivery.

Cultivating a workplace culture that prioritizes the physical and psychological safety and well-being of nurses is not just an ethical imperative—it is a strategic necessity. By investing in the well-being of nurses, health care organizations can ensure a more resilient, effective, and sustainable health care system. The Task Force on the Future of the Nursing Workforce recommends the following strategies to ensure a workplace culture that values the physical and psychological safety and well-being of nurses:

Strategy 9 – Create and promote a supportive and inclusive workplace culture (Page 63)

Strategy 10 – Protect nurses from violence in the workplace (Page 68)

Strategy 11 – Increase awareness and support for the mental health of nurses (Page 74)

Strategy 12 – Evaluate the current state of efforts to address equity in the nursing workforce (Page 77)

Strategy 9
Create and promote a supportive and inclusive workplace culture

Strategy 9.1 Employers of nurses should:

a) Adopt and promote a culture of equity and inclusion; train team members from all disciplines on principles of teamwork, equity, and inclusion; make clear what the goals and expectations of training are; and implement a plan to address incidents of racism or bullying among nurses and/or interprofessional team members.

b) Offer mechanisms for reporting unsafe working conditions, biases, discrimination, and injustice without fear of retaliation and make clear how those reports will be addressed and how data collected on incidents will be used. Organizational leadership should commit to strategies for oversight, action based on reports, and transparency about actions and outcomes.

c) Routinely evaluate pay equity for nurses employed in their organization and adjust salary ranges among staff to address inter-organization pay disparities.

Desired Result

Nurses will have a workplace culture that is supportive and inclusive regardless of their background or personal identities and values the unique perspectives and experiences they bring to patient care.

Why does the task force recommend this strategy?

Creating a culture of teamwork, equity, and inclusion within nursing employment settings is crucial for valuing a diverse nursing workforce and providing culturally sensitive care to the diverse populations served. An inclusive work environment can improve the sense of belonging among nurses, which can lead to higher job satisfaction, reduced turnover rates, and a more collaborative and innovative workplace. Employers who make intentional efforts to promote equity and inclusion demonstrate a commitment to valuing their staff's unique backgrounds and perspectives. This, in turn, can attract a wider talent pool, enhancing the organization's reputation and its ability to provide high-quality care. Ultimately, by investing in a culture of teamwork, equity, and inclusion, employers can ensure a supportive and dynamic working environment where all nurses have the opportunity to thrive and contribute to their fullest potential.

A national survey of nurse leaders found that most had witnessed abusive acts at work in the past year:

53% Witnessed **VIOLENCE**
68% Witnessed **BULLYING**
72% Witnessed **INTIMIDATION**
77% Witnessed **INCIVILITY**

Percent of nurse leaders who witnessed abusive acts perpetrated by:

Patient families	Staff nurses	Patients
58%	**57%**	**54%**
Physicians	**Managers, supervisors**	**Other staff**
47%	**30%**	**25%**
Administration	**Public**	**Faculty**
24%	**17%**	**5%**

Source: AONL. Longitudinal Nursing Leadership Insight Study: Nurse Leaders' Top Challenges and Areas for Needed Support, July 2020 to November 2024. https:// www.aonl.org/system/files/media/file/2024/01/AONL%20Longitudinal%20Nursing%20Leadership%20 Insight%20Study%205%20Report_v5_0.pdf

Bullying against nurses is a systemic problem that causes some nurses to leave their jobs due to negative behavior from their coworkers.[11] Bullying can take place in almost all care settings and among different nursing positions, with one study finding that 60% of nurse managers, directors, and executives experience bullying in the workplace.[11]

Figure 12. Feelings experienced by health care workers who have been harassed vs. those who have not been harassed
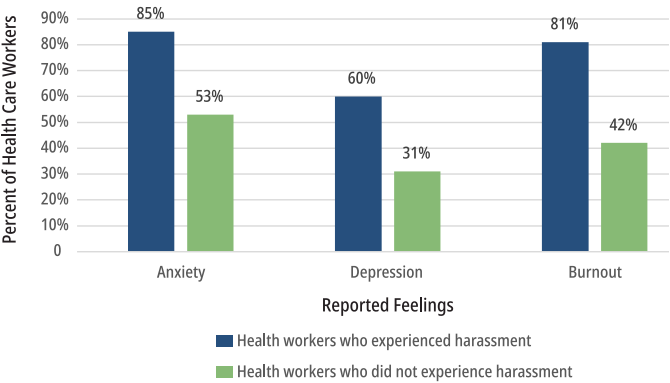
Source: Centers for Disease Control and Prevention (U.S.) (2023). Health Workers Report Harassment, Symptoms of Poor Mental Health, and Difficult Working Conditions: What Employers Can Do: Media Statement. https://stacks.cdc.gov/view/cdc/134792

The types of bullying include:

- **Overt bullying** – This is easier to spot and includes verbal criticism, name-calling, and threats.
- **Covert bullying** – This is indirect and can be passive-aggressive, including spreading gossip, withholding information, and sabotage. Microaggressions—"everyday slights, insults, putdowns, invalidations, and offensive behaviors that people experience in daily interactions with generally well-intentioned individuals who may be unaware that they have engaged in demeaning ways"—are also considered covert bullying.[11,12]

Challenge in Nursing Culture: When Nurses "Eat Their Young"

The phrase "nurses eat their young" is a metaphor used to describe the phenomenon of experienced nurses sometimes being overly critical, unsupportive, or even hostile toward new nurses entering the profession. This behavior can create a toxic work environment, contributing to increased stress, burnout, and higher turnover rates among novice nurses. It's believed that this culture stems from a variety of factors, including high-stress working conditions, hierarchical workplace dynamics, and sometimes a perpetuation of how the experienced nurses were treated when they were new.

This behavior is counterproductive to fostering a supportive, collaborative, and educational work environment. It undermines the confidence and growth of new nurses, who are vital to the sustainability and advancement of health care. Changing this culture is essential for fostering a healthy, productive, and nurturing environment that can better serve patients and improve the health care system as a whole. Efforts to change this culture include promoting positive mentoring programs, implementing supportive orientation and transition programs for new nurses, fostering open communication, and building team cohesion. It is also important to address this issue at the level of nursing education, where young nurses can begin to be exposed to this type of culture. Intentional efforts are needed to help nurses and other health care team members recognize how power dynamics in the health care environment impede effective teamwork and contribute to these behaviors both within and across disciplines.

Racism also gives rise to conflict in the nursing workplace and can greatly influence nurses', colleagues', and patients' overall well-being. Both overt and covert racism can have a negative impact on individuals and the health care system broadly. An example of overt racism in the nursing environment is when BIPOC (Black, Indigenous, and people of color) nurses are given assignment changes at the request of patients or patient families seeking care from White nurses. Covert racism can take the form of negative messages about certain groups of people and presumptions about competence and ability that result in hindering progression within the nursing profession.[13] Racist acts in the workplace can result in lowered self-esteem, high anxiety, depression, and isolation among those experiencing them.[13]

"63% of nurses say they have personally experienced racism in the workplace."

-National Commission to Address Racism in Nursing. Racism's Impact in Nursing. https://www.nursingworld.org/~48f9c5/globalassets/ practiceandpolicy/workforce/commission-to-address-racism/infographic-- national-nursing-survey_understanding-racism-in-nursing.pdf

"Nurses spoke of an insistence on conformity and assimilation and an associated selection based on perception of competence, favoritism, and conformity to standards set by the majority. Ultimately, the insistence on assimilation hinders BIPOC nurses from outward expression of culture, custom, or traditions."

"Racism is a preventable harm and can be mitigated by intentional actions to change belief systems and social and organizational practices that contribute to dual harm from structural racism, which is invisible unless one looks for it, as it is ingrained in the structures, beliefs, policies, and practices of our healthcare system."

-Summary Report Listening Sessions on Racism in Nursing from the American Nurses Association and the National Commission to Address Racism in Nursing. https://www.nursingworld.org/~49be5d/ globalassets/practiceandpolicy/workforce/commission-to-address-racism/final-racism-in-nursing- listening-session-report-june-2021.pdf

Experiences of racism can have physical and mental impacts, in addition to the professional impact. The National Commission to Address Racism in Nursing concludes in one of its reports, "Described as a disruptive behavior in some literature, racism and its impact threaten not only patient safety but also the well-being of nurses and their ability to perform competently in their jobs. Consequences of disruptive behaviors in nursing can include decreased morale, effects on retention, burnout, and, indirectly, effects on patient safety.... Disruptive behaviors threaten patient well-being due to a breakdown in communication and collaboration".

Incivility, which can take the form of rude actions or refusing to assist a coworker, can become a precursor to bullying and workplace violence.[13] Incivility is strongly linked to burnout and job dissatisfaction.[11] Up to 85% of nurses report experiences of incivility in the workplace involving nursing staff as well as other disciplines on the health care team.[14]

Spotlight on North Carolina

"In 2022, a culture survey conducted within Duke University Health System revealed a concerning 44% burnout rate and that 58.9% of staff felt disconnected from the Duke community. Local to the operating room (OR) at Duke University Hospital (DUH), we knew we had opportunity to improve our morale and come up with something transformative for our teams. Existing recognition programs lacked inclusivity for staff members operating behind the scenes and in areas with minimal patient and family interactions. Recognizing the need for change, we aimed to implement a solution with maximum cultural impact and minimal fiscal investment, utilizing existing resources. Inspired by the successful model established at Beebe Healthcare in 2015, we adapted and implemented the L.O.V.E. Notes Program in the DUH ORs on April 14th, 2023.

Through the L.O.V.E. Notes Program, employees can recognize each other via an online interface, citing organizational values exemplified by the recipient along with a brief narrative of their demonstration of those values. When sent, each note is recreated into a digital postcard, shared with both the recipient and their manager. Celebratory practices vary across locations, including dissemination to the entire team via email, announcements during team huddles, or posting on billboards. Since its launch, the program has expanded beyond the DUH OR into multiple locations within Duke Perioperative Services and beyond, with over 1,500 notes composed at DUH in under a year.

The L.O.V.E. Notes Program proved to be an effective tool for transforming the negative culture within the ORs and has been adopted across various departments, contributing to positive and inclusive work environments. Notably, areas with limited patient interaction, such as the OR, have demonstrated higher utilization rates. Subsequent surveys conducted among DUH OR staff revealed notable improvements, with 76% reporting a stronger sense of belonging at Duke and a decrease in burnout self-reports to 36%. Feedback specific to the program indicated that 69% believed it positively impacted the culture, 79% appreciated the avenue for positive recognition, and 90% valued the opportunity to acknowledge their peers. Based on observed success, expansion of the L.O.V.E. Notes Program throughout DUH via a tool kit is recommended, with potential exploration of implementation in other healthcare settings. Leveraging L.O.V.E. Notes as a criterion for advancement on the clinical ladder further reinforces recognition of individuals for their outstanding contributions to organizational values. Periodic evaluations and adjustments to the program ensure its continued relevance and impact on employee satisfaction and overall workplace culture. The program effectively addresses the challenge of recognition across positions, ensuring all employees, including those with limited patient interactions, feel valued."

-Personal communication. Nursing Program Manager, Educator, Operating Room, Stephen Rayne. April 8, 2024.

KEY RESOURCE NEEDS

Trade associations representing employers of nurses can help them to create or improve cultures of inclusivity in their workplaces by:

1. Developing and/or promoting resources related to implementing and sustaining changes to workplace culture.

2. Partnering with the Center on the Workforce for Health to convene work groups with member representatives to create peer sharing on best practices for operationalizing policies and practices to reduce bullying and racism in the workplace.

Nursing education programs need to create a similar culture of support and inclusion to ensure that new nurses are experiencing a healthy working culture from the start of their career.

Strategy 9
Create and promote a supportive and inclusive workplace culture

Strategy 9.2 North Carolina nursing associations should:
a) Educate members about available mechanisms for reporting unsafe working conditions and experiences of bias, discrimination, and injustice.

b) Develop a mechanism for informal reporting and sharing of stories from nurses about experiences of bias, discrimination, and injustice.

Desired Result
Nurses will be aware of the options for reporting unsafe working conditions or abuse and will have additional opportunities to share their experiences and receive support from peers.

Why does the task force recommend this strategy?
Nurses who experience bias, discrimination, and injustice in the workplace need to be aware of the formal reporting mechanisms and how to navigate that process with their employers. However, those structures may not address or resolve feelings such as sadness, anger, and frustration that nurses may carry as a result of negative experiences or toxic situations. In those cases, informal structures for nurses to share their experiences and receive support from peers are invaluable for fostering a sense of community and resilience. These peer support systems can take various forms, such as informal gatherings, social media groups, or mentorship pairings, offering a safer space for nurses to express their feelings, share experiences, and seek advice. Such platforms encourage openness, understanding, and empathy, enabling nurses to navigate challenges with the backing of colleagues who may have faced similar issues. The solidarity found in these groups can lead to collective problem-solving strategies, advocacy for systemic changes, and a reduction in feelings of isolation.

Context
See Strategy 9.1 for additional context about nurses' experiences of bullying, abuse, and racism in the workplace.

REPORTING INCIDENTS TO EMPLOYERS
A nurse's first report of an experiences of bias, discrimination, or injustice in the workplace should be to their employer. It is important to document the incident in detail, including dates, times, individuals involved, and any witnesses. Keeping a record of incidents as they occur can provide a clear and comprehensive account. Following documentation, the nurse should refer to their institution's policies and procedures on reporting discrimination or harassment. This often involves reporting the incident to a direct supervisor, human resources department, or a designated diversity and equity officer within the organization. If the situation involves a direct supervisor, it may be appropriate to report to their superior or directly to the human resources department. Many organizations also offer anonymous reporting mechanisms, such as hotlines or online reporting tools, to encourage reporting without fear of retaliation. Using these established channels is the best strategy for having concerns heard and addressed appropriately.

THE IMPACT OF STORYTELLING
Storytelling and sharing experiences of bias, discrimination, or injustice in nursing can have profound benefits, both for individuals and for the profession as a whole.

- **Creates a sense of solidarity and support among nurses** – Sharing experiences lets nurses know they are not alone. This shared understanding can foster a community of care and resilience, encouraging nurses to stand together and support one another.

- **Can be therapeutic for those who have faced injustice** – Sharing experiences can provide a means for processing and coping with those experiences. It can empower nurses to reclaim their voice and agency, contributing to personal growth and professional development.

- **Serves as a powerful tool for education and awareness-raising** – Sharing experiences can have an impact on others within the health care community. It can illuminate systemic issues and personal biases that might otherwise remain unacknowledged. Bringing these stories to light creates a greater opportunity for institutions to recognize and address discriminatory practices and to work toward creating a more inclusive and equitable work environment.

- **Catalyzes change within the health care system** – Sharing experiences can lead to the development of policies and practices that actively combat discrimination and promote diversity and inclusion. For instance, hearing firsthand accounts of bias can inspire health care organizations to implement sensitivity training, develop more robust grievance mechanisms, and ensure fairer treatment for all staff and patients.

Storytelling and sharing in nursing not only facilitate personal healing and community building but also drive systemic change, contributing to a more just and equitable health care environment.

The **Commission to Address Racism in Nursing** is using storytelling in an effort to "describe the demoralization, exclusion, and trauma that nurses from marginalized and underrepresented races and ethnicities experience in the workplace to examine and understand the issue of racism within nursing".[13] The Commission is collecting experiences—both good and bad—related to discrimination based on race or ethnicity; racist attitudes, actions, and micro or macro aggressions; and allyship, mentorship, resilience, and perseverance.[13]

Perspectives
The following are quotes from focus groups conducted by the National Commission to Address Racism in Nursing.

"Nurses of color indicated that Human Resources is not supportive and that when action is taken to report racist behavior, the aggressor is seen as the victim, and the actual victim is subjected to further incivility and bullying. When grievances are filed, 'If at the end of the day the findings are in favor of a person of color, the administration often works to seal the findings and not have them disclosed.'"

"[A] nurse recalled looking for new employment every three to four years because of the treatment endured, asking, 'Are we eating our young or are we just racist against someone who is Brown?'"

"[P]articipants who identified as nurse faculty described accounts of blatant disrespect from White students or refusal of students to engage with their professor or persistent challenging of their knowledge base. One nurse reported her faculty peers take anti-anxiety medication before entering the classroom to manage the anxiety associated with mistreatment from students."

"[N]urses retold accounts of being labeled as angry for simply asking questions or seeking clarification."

National Commission to Address Racism in Nursing. Summary Report: Listening Sessions on Racism in Nursing. June 2021. https://www.nursingworld.org/~49be5d/globalassets/practiceandpolicy/workforce/commission-to-address-racism/final-racism-in-nursing-listening-session-report-june-2021.pdf

Strategy 10

Protect nurses from violence in the workplace

Strategy 10.1 Employers of nurses should increase attention to and promotion of workplace safety strategies to protect nurses from experiences of violence in the workplace. These actions should include:

a) Using appropriate engineering controls to reduce the risk of violence and/or allow for early intervention.

b) Establishing an evidence-based system within existing electronic health records to alert health care providers about patients with past violent, assaultive, or harassing behaviors in the health care setting and facilitate appropriate precautions for the protection of health care providers and the patient.

c) Displaying signage that emphasizes the importance of respectful communication and behavior from patients and visitors, as well as other care team colleagues.

d) Raising awareness among patients and visitors about potential criminal charges for assault on health care providers in hospitals.

e) Offering or requiring evidence-based de-escalation training.

f) Providing easily accessible trauma-informed care to employees who experience or witness workplace violence.

Strategy 10.2 The North Carolina General Assembly should help address the significant issue of violence in health care facilities by designating funding to help safety net organizations, critical access hospitals, and other less-resourced providers access evidence-based technology, other workplace tools, and evidence-based de-escalation and self-defense training to reduce the incidence of workplace violence.

Related Recommendations from Other Groups

Nurse Staffing Task Force. Nurse Staffing Task Force Imperatives, Recommendations, and Actions. American Association of Critical-Care Nurses and American Nurses Association; 2023:

Implement safety management systems and programs that create healthy work environments and support the physical and psychological safety and well-being of core and contingent staff.

Desired Result

Nurses will be safe in their workplaces and experience fewer incidences of violence. Nurses will be equipped with the necessary resources and strategies to effectively manage and defuse potentially volatile interactions with patients and their families.

Why does the task force recommend this strategy?

Nurses and other health care providers experience a high rate of workplace violence. These experiences have both direct and indirect impacts on physical and mental health, workforce retention, and patient care. Employers of nurses have a significant role to play in protecting all health care workers from experiences of violence and abuse. An increased focus on workplace safety measures is critical not only for the physical well-being of the nursing staff but also for fostering a secure and supportive work environment conducive to high-quality patient care. By implementing robust workplace safety strategies, employers can mitigate the risks that nurses face in sometimes volatile situations with patients and families. Prioritizing safety can enhance morale, improve job satisfaction, and increase retention rates. Ensuring the safety of nurses is not only a moral obligation for health care employers but also a strategic imperative as the demand for nurses grows.

Context

The Joint Commission defines workplace violence as:

"An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."[15]

"Violence toward nurses has reached an alarming rate, nearing, if not already, an epidemic."

-PressGaney. On average, two nurses are assaulted every hour, new Press Ganey analysis finds. https://www.pressganey.com/news/on-average-two-nurses-are-assaulted-every-hour-new-press-ganey-analysis-finds/

"In 2018, 73% of all nonfatal workplace violence-related injuries involved healthcare workers."

"[O]ver the course of a year, 39% of healthcare workers experienced violence from patients and families (including physical assaults, physical threats, and verbal abuse), but only 19% of events were reported."

-Jones et al. Addressing Workplace Violence and Creating a Safer Workplace. https://psnet.ahrq.gov/perspective/addressing-workplace-violence-and-creating-safer-workplace

Workplace Violence

60% of nurses say workplace violence has led them to change jobs, leave jobs, or consider leaving a job or the profession entirely

Percent of surveyed nurses that experienced the following:

68% Verbally threatened	**39%** Physically threatened
37% Pinched or scratched	**36%** Slapped, punched, or kicked
35% Objects thrown at them	**33%** Verbally harassed based on sex or appearance
30% Spat on or exposed to other bodily fluids	**20%** Groped or touched inappropriately

Source: Hollowell, A. Violence affects nursing recruitment, retention, National Nurses United report finds. https://www.beckershospitalreview.com/nursing/violence-affects-nursing-recruitment-retention-nnu-report-finds.

Health care workers are five times more likely to sustain a workplace violence injury than those in other professions.[16] Nurses are often subject to a variety of violent behaviors due to their frontline position in health care settings, with acts of violence most commonly perpetrated by patients, families, and visitors.[16] The highest number of assaults occurred in psychiatric units, which faced nearly 10 times the rate of nonfatal intentional injury, followed by emergency departments and pediatric units.[16,17] Among the main reasons for workplace violence were miscommunication, dissatisfaction, and noncompliance with procedures.[18]

"In July [2023], a nurse at Atrium Health Carolinas Medical Center in Charlotte was stabbed in the neck with a pen when he tried to help a colleague who was being attacked by a patient, Charlotte-Mecklenburg police said.

At Duke Raleigh Hospital in 2022, a patient punched a nurse so hard that he knocked her unconscious and fractured her nose and eye socket.

At New Hanover Regional Medical Center in Wilmington, a patient was charged with attempted murder in 2022 after he attacked two emergency room staff members, choking one until she fell unconscious and trying to snap the other's neck."

June Onkundi, a psychiatric nurse practitioner and registered nurse, was fatally stabbed at an outpatient clinic in Durham in 2022.

-NC Health News. Cursed at. Shoved. Punched. Bitten. Violence against doctors and nurses is rising. A new N.C. law aims to help protect them. https://www.northcarolinahealthnews.org/2023/11/06/violence-against-doctors-nurses-is-rising-new-law-aims-to-help-protect-them/ ; The News & Observer. WakeMed psychiatric nurse mpurned after she's killed in Durham. Patient is in custody. https://www.newsobserver.com/news/local/crime/article267670212.html

IMPACTS OF WORKPLACE VIOLENCE

Psychological problems and physical injuries are two consequences of workplace violence.[18] These issues can be short-term or long-term and range in intensity from minor to serious physical injuries and/or psychological trauma.[19] The non-physical impacts of health care workplace violence can include:

- Short- and long-term psychological trauma
- Fear of returning to work
- Changes in relationships with coworkers and family
- Feelings of incompetence, guilt, powerlessness
- Fear of criticism by supervisors or managers[20]

Other consequences of workplace violence include decreased productivity, increased turnover, increased absenteeism, and a decrease in staff morale.[18] **Workplace violence is a leading cause of job dissatisfaction among nurses.**[21]

PREVENTING PHYSICAL VIOLENCE IN THE WORKPLACE

Employers can mitigate workplace violence through actions such as:

- Reduce risk of exposure to violence by identifying facility-specific challenges (e.g., staffing, high occupancy, prevalence of patients with mental and/or behavioral health conditions, patient and family stressors)
- Examining organizational risk factors, such as lack of facility policies and understaffed facilities
- Implementing engineering solutions, including architectural adaptations such as metal detectors, enclosed nurses' stations, limited access to certain areas (e.g., intensive care units, emergency departments, and pediatric units) with locked doors, and furniture affixed to the floor if possible. Alarm systems or other response devices such as panic buttons at nurses' stations are also considered engineering tools.[20]

An appropriate combination of prevention methods can elicit a balance between providing a safe health care setting and maintaining a welcoming and workable environment for staff, patients, and visitors.[20] Engineering controls should be used in tandem with administrative controls to ensure risk is best addressed and appropriate to the health care setting; for example, controls set in place for an urban emergency department may not be suitable for a community care clinic.[20]

IMPLEMENTING PREVENTION TOOLS IN LOWER-RESOURCED PROVIDER SETTINGS

Along with important administrative and process actions, a variety of environmental controls and strategies can be used to help prevent experiences of violence in health care settings. These can include changing floor plans, improving lighting, installing mirrors, installing security technologies (e.g., metal detectors and cameras), controlling access to certain areas, altering the structure of nurses' stations, and replacing furniture with sturdier alternatives.[20]

Several large health systems in North Carolina have implemented many of these environmental controls.[22] Doing so can come at great cost and those costs can be a barrier for smaller or lower-resourced safety net providers.

What is a Safety Net Provider?

A safety net health care provider is a type of medical provider or institution primarily engaged in delivering health care services to populations or individuals who are underserved, either due to financial hardship, insurance status, or other barriers. Types of safety net health care providers include:

- **Community health centers**
- **Public hospitals**
- **Free clinics**
- **Rural health clinics**
- **School-based health centers**

KEY RESOURCE NEEDS

Best Practices: Associations representing employers should help them address issues of workplace violence by:
1) Identifying existing research related to environmental factors (i.e. design, clutter, noise) to reduce stress for health care professionals, patients, and visitors. Best practices should be shared with member facilities.

2) Providing resources to help employers understand best practices for enforcing policies that are in place to reduce experiences of violence in the workplace.

Systems change: Major contributing factors to violence against nurses and other health care workers include patient frustrations with long wait times, challenges finding beds for patients with mental health conditions, and understaffing, among many others. These challenges will require a broader approach to addressing health care payment and provider systems and processes. While prevention of violence in the current system is vital, it does not address the underlying factors contributing to the increase in violence in health care settings.

Financial resources: Implementation of environmental controls and other protective policies and procedures will require additional financial resources. Health care organizations that to not receive any outside support for these efforts would have to reallocate existing financial resources or identify additional funding.

Advocacy or public awareness: Trade associations that represent employers, along with groups such as the North Carolina Nurses Association, North Carolina Medical Society, North Carolina Future of Nursing Action Coalition, AARP North Carolina, and the North Carolina Department of Health and Human Services, could create and disseminate public service announcements that emphasize the importance of civility in health care settings, provide patient education about effective communication in health care settings, and raise awareness of the issue of violence toward nurses and other health care workers.

Strategy 10
Protect nurses from violence in the workplace

Strategy 10.3 A neutral convener, such as the North Carolina Institute of Medicine in collaboration with the University of North Carolina at Chapel Hill School of Government, should facilitate a comprehensive review of the application and effectiveness of Session Law 2015-97. Perspectives should be gathered from health care providers (including nurses), people with disabilities, experts on the legal rights of people with disabilities, law enforcement, hospitals, other health care settings, and the North Carolina General Assembly.

i. This group should discuss concerns about nurses being discouraged by employers or law enforcement to pursue charges after an assault and instances when an assault was a manifestation of a disability or a result of the incongruence of aspects of treatment with disability needs.

ii. The North Carolina General Assembly should apply perspectives gathered from representatives listed above to ensure that when adjudicating assaults on health care workers, there is a process to determine whether the assault was a manifestation of a disability and establish guidelines for sentencing that require consideration of the result.

iii. The North Carolina General Assembly should consider expanding the settings that Session Law 2015-97 applies to.

Desired Result
Intentional assaults on health care professionals will be given appropriate attention by employers and law enforcement.

Why does the task force recommend this strategy?
Experiences of violence should not be dismissed as "part of the job" for nurses and other health care professionals and should be taken seriously by law enforcement when reported. Current law has increased penalties for those who assault hospital employees. It is not clear how the current law has been applied, including level of support from employers and law enforcement, as well as unintended impacts on people with disabilities and other groups who are disproportionately represented in the legal system. Nurses who work in non-hospital settings are eager to receive the same protections as their counterparts who work in hospitals. Evaluation of application of current state statutes is needed to ensure that any expansion of legal protections will meet the needs of nurses and avoid unintended consequences for their patients.

Context
See Strategies 10.1 & 10.2 on Page 68 for more information about the problem of violence in health care settings.

NORTH CAROLINA LAWS RELATED TO VIOLENCE AGAINST HEALTH CARE WORKERS
North Carolina General Statute § 14-34.6 was a legislative effort to address the rising incidences of violence against health care workers in hospital settings.[23] As of December 1, 2015, the law made it a felony to assault health care workers on hospital premises. This extended legal protection to all health care workers in the hospital setting, not just emergency personnel. While this law has prioritized legal implications for those who assault hospital employees, nurses and health care workers in other settings want to see their safety given equal consideration. Few details are publicly available about the application of this law currently, however the Fiscal Research Division of the North Carolina General Assembly noted in a report that "In CY 2022, 5 defendants were charged with violating G.S. 14-34.6(c). However, it is unknown which type of official these defendants were charged with assaulting....".[24]

New North Carolina legislation (House Bill 125) requires hospitals with emergency departments to have a law enforcement officer on site at all times unless local authorities sign off on an exemption. This new requirement will take effect October 1, 2024. The law also calls for hospitals to report violent incidents to the state, provide employees with violence-prevention training, conduct a security risk assessment, and create a detailed security plan.[25] Data reporting will begin October 1, 2025. The North Carolina Department of Health and Human Services, Division of Health Service Regulation will need to provide the General Assembly reports on:

i. "The number of assaults occurring in the hospital or on hospital grounds that required the involvement of law enforcement, whether the assaults involved hospital personnel, and how those assaults were pursued by the hospital and processed by the judicial system,

ii. The number and impact of incidences where patient behavioral health and substance use issues resulted in violence in the hospital and the number that occurred specifically in the emergency department, and

iii. The number of workplace violence incidences occurring at the hospital that were reported as required by accrediting agencies, the Occupational Safety and Health Administration, and other entities."

According to the legislation, results of those reports are meant to be used by the North Carolina Sheriffs' Association, the North Carolina Association of Chiefs of Police, and the North Carolina Emergency Management Association to "make recommendations to the Department [of Health and Human Services] to decrease the incidences of violence in hospitals and to decrease assaults on hospital personnel".[25]

EXPERIENCES OF VIOLENCE IN NON-HOSPITAL SETTINGS
While hospitals tend to have some of the highest rates of violence against health care workers of any health care setting, long-term care, home care, and other community-based settings also have risks for employees.

Nonfatal intentional injuries by another person in health care setting

Incident rates per 10,000 full-time workers:

HOSPITALS **15.4**

SKILLED NURSING FACILITIES **14.5**

HOME HEALTH **2.9**

OUTPATIENT CARE CENTERS **2.9**

PRIMARY CARE OFFICES **1.0**
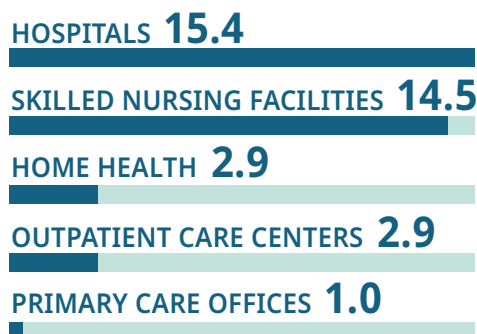
Source: Bureau of Labor Statistics, U.S. Department of Labor, Survey of Occupational Injuries and Illnesses, in cooperation with participating state agencies. 2022. https://www.bls.gov/iif/nonfatal-injuries-and-illnesses-tables.htm#dafw

CONCERNS ABOUT REPORTING

There is a prevailing concern among nurses that employers and law enforcement officials are not supportive of efforts to report assaults from patients and visitors. Nurses share experiences and perceptions of being discouraged from pressing charges when assaulted. This contributes to a culture of silence around workplace violence, leaving nurses to face physical and psychological harm without the feeling that they have recourse. This problem reflects a broader systemic issue within health care settings, where there is a culture or belief that the safety of staff is secondary to patient care priorities. Underreporting of assaults skews the true extent of workplace violence against nurses and impedes the development of effective strategies to combat it. More work is needed to ensure that health care organizations and law enforcement agencies recognize the prevalence of health care workplace violence and the impact it has on nurses, and that they uphold the rights of nurses to seek justice both internally and externally.

Research on Reporting Violence in the Health Care Workplace

"In health care, various reasons for underreporting WPV have included lack of injury or time lost, time-consuming incident reporting procedures, lack of supervisory or coworker support, fear of reprisal or blame, belief that reporting will not lead to any positive changes, and the common perception among health care workers that violence is simply 'part of the job.' Varying definitions of violence among employees and within organizations can also affect reporting behavior... Physical assaults by patients, relatively common in emergency, psychiatric, and geriatric departments, may not be reported if staff perceive that the aggressive behavior was unintentional, that is, related to the patient's illness. "*

"The most frequent reason cited for not reporting violent events was 'nobody was hurt'; no respondents cited 'would be perceived as weak by peers' as a reason for not reporting. Respondents were also allowed to provide 'other' reasons for not reporting in an open text box. Of these responses, 'not needed—normal patient behavior' (n = 12) and 'lack of knowledge' (n = 10) emerged as additional reasons for not reporting."**

"Of the 2,098 workers who experienced a type II [(patient/visitor-on-worker)] violent event, 75% indicated they reported. Reporting patterns were disparate including reports to managers, co-workers, security, and patients' medical records—with only 9% reporting into occupational injury/safety reporting systems. Workers were unclear about when and where to report, and relied on their own 'threshold' of when to report based on event circumstances."***

* Arnetz JE, Hamblin L, Ager J, Luborsky M, Upfal MJ, Russell J, Essenmacher L. Underreporting of Workplace Violence: Comparison of Self-Report and Actual Documentation of Hospital Incidents. Workplace Health Saf. 2015 May;63(5):200-10. doi: 10.1177/2165079915574684. Epub 2015 May 22. PMID: 26002854; PMCID: PMC5006066.
** Copeland D, Henry M. Workplace Violence and Perceptions of Safety Among Emergency Department Staff Members: Experiences, Expectations, Tolerance, Reporting, and Recommendations. J Trauma Nurs. 2017 Mar/Apr;24(2):65-77. doi: 10.1097/JTN.0000000000000269. PMID: 28272178.
*** Pompeii LA, Schoenfisch A, Lipscomb HJ, Dement JM, Smith CD, Conway SH. Hospital workers bypass traditional occupational injury reporting systems when reporting patient and visitor perpetrated (type II) violence. Am J Ind Med. 2016 Oct;59(10):853-65. doi: 10.1002/ajim.22629. Epub 2016 Jul 13. PMID: 27409575.

CONCERNS ABOUT REPORTING AND ENFORCEMENT

There is significant concern about the impact that involvement of the legal system and law enforcement may have on people with disabilities, particularly those who may behave aggressively as a result of a mental or behavioral health condition, reaction to a treatment process or environment, and/or challenges with communicating. A bipartisan bill introduced, though not yet passed, in Congress to make assault on hospital staff a federal crime (known as the Safety from Violence for Healthcare Employees Act, S.2768) has a provision for "reasonable defense if assault is performed by people with physical, mental or intellectual disabilities and the behavior is directly linked to such disability".[26]

All legislation related to law enforcement in health care settings should carefully consider unintended consequences for people with disabilities, as well as people of color and people with lower incomes, who may face disproportionate application and impacts of such laws. The demographics of both victims and perpetrators of workplace violence should be reviewed after implementation of these laws to identify any patterns that might indicate unequal application.

"While nobody thinks that violence in a health care setting is appropriate or acceptable, we have to be cautious that we don't create a system that punishes people for seeking the care they need," Dunn said.

She pointed out that frequently people who are involuntarily committed to psychiatric treatment will languish in emergency departments for days and sometimes weeks, which can create an explosive situation.

"People are staying in crisis longer because we are not able to get them the supports they need," she said. "We are confining people in, for example, emergency departments, where they are deprived of natural light and fresh air in the name of waiting for a bed. We're setting people up to fail as a system."

-Excerpt of article, quotes by Corye Dunn, policy director for Disability Rights North Carolina, NC Health News. Cursed at. Shoved. Punched. Bitten. Violence against doctors and nurses is rising. A new N.C. law aims to help protect them. https://www.northcarolinahealthnews.org/2023/11/06/violence-against-doctors-nurses-is-rising-new-law-aims-to-help-protect-them/

KEY RESOURCE NEEDS

$ Funding will be needed to support the work of conducting a comprehensive review of the application and effectiveness of Session Law 2015-97.

Strategy 11
Increase awareness and support for the mental health of nurses

Strategy 11.1 Employers of nurses should help support the mental health and well-being of nurses by:

a) Developing organizational training and services, including in nurse residency programs, for:
   i. Leaders and managers to learn to recognize signs of mental health distress and appropriately connect colleagues to available supports.
   ii. Evidence-based peer-to-peer solutions to support mental health and well-being, such as Stress First Aid.
   iii. Recognizing burnout and reducing stigma around compassion fatigue.

b) Raising employee awareness about existing services (e.g., Employee Assistance Programs [EAP]) and increasing access to counseling and mental health services, particularly during work hours.

c) Adopting setting-specific practices that give nurses the opportunity to access team support in stressful moments.

d) Ensuring sick leave policies clearly define mental health care as a legitimate use of sick leave and allow nurses to use sick leave days without penalty.

Desired Result

Nurses will have the knowledge, tools, and support from employers to identify and address mental health needs for themselves and colleagues.

Why does the task force recommend this strategy?

Nurses face a myriad of stressors in their daily work, including high patient loads, emotional strain from patient outcomes, and the physical demands of the job, all of which can take a significant toll on their mental well-being. Mental health support can take many forms, such as providing access to counseling services, creating peer support networks, implementing stress-reduction programs, and ensuring that workloads are manageable. Recognizing and addressing the mental health needs of nurses can lead to reduced burnout rates, lower turnover, and a more positive workplace environment. Ultimately, prioritizing the mental health of nurses is a critical component of sustaining the health care system and ensuring that patients receive the best possible care.

Context

A 2023 national survey revealed that burnout and mental health challenges among nurses remain high.[27] Contributions to burnout include insufficient staffing, high patient loads, and excessive time spent on administrative tasks. Despite the high levels of reported burnout and stress, more than two-thirds of surveyed nurses stated they were not currently receiving mental health support.[27] Another 2023 survey found that younger nurses' responses were more negative than those of older nurses in terms of satisfaction and mental health or well-being.[28] The mental health and well-being of nurses not only impacts individuals and teams, but the entire health care system through turnover rates and the quality of patient care.[29]

In a national survey of nurses, those who said they did not seek professional mental health support said they did not because:
- **47% not needed**
- **30% lack of time**
- **24% I feel I should be able to handle my own mental health**

- Nurses Foundation. Mental Health and Wellness Survey 4. https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-4/

LEADERSHIP AND TEAM CULTURE

There are strong links between incivility in the workforce and burnout, resulting in poorer mental health among nurses as well as higher turnover rates. Organizational and team leadership play an important role in promoting mental health support within the nursing workforce, shaping the culture and performance of individuals and the teams they lead.[30] Leaders who adopt a health-promoting approach can create a healthier working environment, decrease conflicts, and build stronger relationships.[30]

Nurses' Mental Health Status and Feelings

- **56%** reported symptoms of burnout
- **53%** were dissatisfied with the mental health and well-being support in their workplace
- **64%** indicated feeling a great deal of stress in their jobs
- **27%** were "afraid or know of a colleague who was fearful of seeking mental health care because of questions about mental health in licensure."
- **19%** said they are not emotionally healthy
- **55%** agree that "there is a stigma surrounding mental health and seeking mental health care among clinicians
- **31%** sought professional mental health support in the past year

Source: McKinsey & Company. Understanding and prioritizing nurses' mental health and well-being. https://www.mckinsey.com/industries/healthcare/our-insights/understanding-and-prioritizing-nurses-mental-health-and-well-being; American Nurses Foundation. Mental Health and Wellness Survey 4. https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-4/; Trusted Health. 2022 Frontline Nurse Mental Health & Well-Being Survey. https://works.trustedhealth.com/research/2022-frontline-nurse-mental-health-well-being-survey

"Only one in five nurses (20%) utilized mental health programs offered at work. For those participating in the programs, only a quarter (24%) think the programs are effective. This represents a significant drop from 2021, when nearly one-half of nurses (46%) said employer-offered mental health programs were effective."

- AMN Healthcare. The Pandemic's Consequences: Survey of Registered Nurses. https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-rnsurvey-2023-final.pdf

An example of a program that facilitates a healthy team culture is **Stress First Aid**, an evidence-based peer-support program that is being implemented across North Carolina via a HRSA-funded initiative through the Duke University School of Nursing. This program aims to identify and mitigate the negative impacts of stress before they impair well-being. It provides participants with a toolkit for performing a timely safety assessment and responding appropriately when they suspect a peer needs support.[31]

Other examples of work in this area include a North Carolina Medical Society initiative that is part of the **Clinician and Physician Retention and Well-Being Consortium**, which has a goal of reducing burnout among clinicians. The North Carolina Nurses Association is an invited partner to the Consortium. The first phase is to remove or reword questions about behavioral health treatment from credentialing applications. In partnership with the Dr. Lorna Breen Heroes' Foundation, this consortium offers resources that will be provided to employers of nurses to help affect culture change and provide supportive environments for clinicians, including nurses.[32]

Other examples of efforts to address health care worker burnout and mental health nationally and in other states include:

- **American Nurses Association** – The ANA is providing members with free access to the **Nurse Burnout Prevention Program™** by SE Healthcare. The program provides nurses with video and audio content that helps them develop a Personal Burnout Prevention care plan "to break old patterns and identify new methods of dealing with personal stressors and organizational pressures". Nurses can earn up to 22 continuing education units.[33]

- **Virginia** - The **SafeHaven program** provides peer coaching and counseling to physicians and nurses as well as medical and nursing students. This program, established in 2020 by Virginia House Bill 115, helps to address burnout and other mental health issues.[34,35]

- **Colorado** - The medical board does not require physicians to report mental health conditions if the condition is known to the Colorado Physician Health Program and the physician follows the recommended actions.[35]

- **California** - The University of California San Diego's School of Medicine established a **Healer Education Assessment and Referral Program (HEAR)**, which addresses the high levels of depression and burnout in the health care profession. It educates medical students, faculty, and hospital staff about risk factors and offers confidential stress and depression assessments.[35]

MENTAL HEALTH AND SICK LEAVE

For those who need further assistance, there is the option to use sick leave for mental health needs. In 2022, 22% of full-time days lost by the nursing workforce were due to mental health issues, making this the most common reason nurses missed work.[36] While taking personal time off (PTO) is not the same as having designated mental health days; prioritizing mental health by taking days off work can increase personal well-being and reduce the risk of substance use and suicide.[37,38] Providing nurses the flexibility to use sick pay for mental health days can help reduce the stigma associated with mental health issues and encourage nurses to prioritize their mental well-being.

WHAT NURSES SAY ABOUT ADDRESSING MENTAL HEALTH NEEDS

A survey of nurses identified a large gap in the types of benefits they are currently offered by employers and the ones that they might find most beneficial (see Figure 13). While 40% of nurses didn't know what mental health benefits their employer offered, those who did said that wellness or fitness stipends, access to a gym, yoga studio, or group fitness classes, and flexible scheduling would be the most beneficial to their wellness. This contrasted with a low percentage of employers who offered those benefits.[39]

Figure 13. Mental Health Benefits Offered by Employers and Those Preferred by Nurses

Which of the following benefits does your current facility offer?
Which of the following benefits would you find most beneficial?

Legend: Benefits currently offered (green) | Most beneficial (blue)

A wellness or fitness stipend
- 6%
- 74%

Access to a gym, yoga studio, or group fitness classes
- 13%
- 67%

Flexible scheduling
- 15%
- 64%

One-to-one counseling or therapy
- 18%
- 52%

Education around mindfulness, meditation, or other stress reduction techniques
- 29%
- 33%

Peer support programs
- 13%
- 24%

Access to a mental health hotline or crisis line
- 39%
- 19%

Group therapy or counseling
- 6%
- 14%

Source: Trusted Health. 2022 Frontline Nurse Mental Health & Well-Being Survey.
https://works.trustedhealth.com/research/2022-frontline-nurse-mental-health-well-being-survey

Finally, while it is vital to address the mental health needs of nurses, it is equally important to identify the root causes of the stressors that may lead to those needs. A survey of nurses found the top five strategies to reduce stress in the workplace would be:

- More nurse input into decision-making (86%)
- Create safer working environment (86%)
- Increase salaries (87%)
- Reduce patients per nurse (89%)
- Increase support staff (90%)[28]

Strategy 13 - Create robust systems that involve nurses as leaders in decision-making that impacts their work environment, patients, and the interprofessional team (Page 80) discusses how nurses should be key leaders in addressing these practice environment conditions.

KEY RESOURCE NEEDS

Associations representing employers of nurses can help employers address the mental health and well-being of nurses in their workplaces by promoting resources and best practices listed in this strategy.

The NC Board of Nursing can increase awareness among nurses that continuing education units and/or contact hours for license renewal are available for mental health/stress first aid courses, neurodiversity training, and mental health stigma reduction opportunities.

Strategy 12
Evaluate the current state of efforts to address equity in the nursing workforce

Strategy 12.1 Philanthropies (e.g., health care philanthropies) should provide funding to conduct an analysis of the current state of efforts to address equity in the nursing workforce in North Carolina's nursing schools and practice settings. Organizations to complete this analysis could include a school or schools of nursing in partnership, a nursing association, the Center on the Workforce for Health, Future of Nursing Action Coalition, or other organization with a concentration on the nursing workforce.

Strategy 12.2 The Sheps Health Workforce Research Center should conduct a statewide analysis of nurse pay differentials across and within practice settings and geographic areas of the state, and among different demographic groups. Results from this analysis should be used to inform employers and policymakers of pay disparities and opportunities for pay equity. Partners for this work may include the Department of Commerce and the Department of Labor.

Desired Result

Nursing workforce researchers, advocates, and others will have a comprehensive understanding of current efforts to address equity in nursing education and practice. This will inform plans for additional efforts to make nursing education and practice welcoming and inclusive for all nurses.

Why does the task force recommend this strategy?

Addressing equity in the nursing workforce is paramount to ensuring that health care organizations can provide culturally relevant and inclusive care to diverse patient populations. Equity within nursing not only pertains to offering equal employment opportunities irrespective of race, ethnicity, gender, or sexual orientation but also involves equitable access to competitive pay, mentorship, professional development, and leadership roles. A diverse nursing workforce can better understand and meet the varied health care needs of the communities it serves, leading to improved patient outcomes and satisfaction. By prioritizing equity and competitive pay, health care organizations can attract and retain a diverse and talented group of professionals, enriching the nursing field with a wide range of perspectives and expertise that reflect the complexities of patient care. Many nursing education programs and health care organizations have implemented programs and policies toward these efforts. It is vital to understand these efforts and their successes and challenges to share best practices with others in the state.

Context

EQUITY EFFORTS IN NURSING EDUCATION

Nursing education programs have undertaken a variety of initiatives aimed at enhancing equity and diversity among their student bodies. These include:

- **Holistic admissions processes** - Rather than relying solely on academic metrics such as GPA and test scores, nursing programs are increasingly considering applicants' life experiences, community service, leadership qualities, and overcoming adversity. This approach acknowledges the value of diverse perspectives and backgrounds in enriching the nursing profession.
- **Development of targeted recruitment strategies** - By reaching out to communities and groups with historically low representation in nursing, programs can encourage individuals from these groups to consider nursing as a career. This might involve partnerships with schools or community organizations or the use of scholarships specifically for underrepresented students.

- **Support systems and mentorship programs** - Recognizing that students from underrepresented backgrounds might face unique challenges, many programs offer mentorship, tutoring, and counseling services tailored to their needs. These support systems aim to improve retention rates and ensure all students can succeed.
- **Curriculum changes** - Nursing programs are revising their curriculums to include more content on cultural humility, social drivers of health, and health disparities. By educating future nurses on these critical issues, programs aim to prepare graduates who can provide empathetic, informed care to all patients, regardless of background.
- **Faculty diversification** - Nursing programs are making concerted efforts to recruit and retain faculty members from a variety of racial, ethnic, and socioeconomic backgrounds. Diverse faculty can serve as role models and mentors for students, contributing to a more inclusive educational environment.

EQUITY EFFORTS BY EMPLOYERS OF NURSES

Employers of nurses have also undertaken a variety of initiatives aimed at enhancing equity and diversity of their nursing staff. These include:

- **Development and implementation of diversity policies** - Many health care organizations have established clear policies to promote diversity and inclusion within their workforce. These policies often include specific goals for recruitment, retention, and promotion of nurses from underrepresented groups.
- **Bias training and cultural competency education** - Recognizing that unconscious biases can influence hiring, promotion, and daily interactions, employers have increasingly required staff to participate in bias training and cultural humility education. These programs aim to raise awareness about personal biases and teach strategies for providing care that respects patients' cultural, religious, and personal values.
- **Mentorship and career development programs** - To support the career advancement of nurses from diverse backgrounds, many employers have established mentorship and career development programs. These initiatives pair less experienced nurses with seasoned professionals who can provide guidance, support, and advocacy. This not only aids in the professional growth of individual nurses but also helps to create more diverse leadership within nursing departments.

- **Flexible work arrangements** - Understanding that work-life balance can be a significant barrier to entering and remaining in the nursing profession, especially for those with family or community obligations, employers have begun to offer more flexible scheduling options. This includes part-time positions, varied shift options, and telehealth roles, making the nursing profession more accessible to a broader range of individuals.

- **Recruitment and retention initiatives** - Employers have also focused on recruitment and retention strategies specifically designed to attract and keep nurses from underrepresented groups. This might include partnerships with nursing schools that serve diverse populations, offering scholarships or internships to students from these programs, and creating a workplace culture that celebrates diversity and inclusion.

COMPETITIVE PAY AND PAY EQUITY

Pay equity within nursing—ensuring that wages are fair across genders, races, and roles—is crucial for fostering a diverse and inclusive workforce. Such measures contribute to job satisfaction, reduce turnover rates, and enhance the overall morale among nursing staff. When nurses feel valued and fairly compensated, they are more likely to stay in their roles, pursue further education, and provide the high-quality care that patients deserve.

Little data are available on the average salary for LPNs and RNs in different practice settings, geographic areas, and by race and ethnicity in North Carolina. See below for average annual salary for LPNs and RNs across all settings in North Carolina compared to the United States and neighboring states.

Average Annual Salaries for North Carolina Nurses (2022)

	LPN/LVNs	RNs
North Carolina	**$53,010** Ranked 30th in US	**$77,420** Ranked 33rd in US
United States	**$55,860** US average	**$89,010** US average
Virginia	**$52,790**	**$81,860**
South Carolina	**$51,060**	**$74,330**
Georgia	**$50,830**	**$85,180**
Tennessee	**$46,540**	**$72,480**

Source: US Bureau of Labor Statistics. Occupational Employment and Wage Statistics. https://data.bls.gov/oes/#/occGeo/One%20occupation%20for%20multiple%20geographical%20areas

RECOMMENDATION #4

Expand the role of nurses in leadership, shared decision-making, and team communication

Nurses possess unique insights that are invaluable in shaping health care policies, improving care practices, and enhancing patient outcomes. The importance of elevating nurse expertise in the roles of leader, decision-maker, and communicator stems from several key considerations that address quality of care, operational efficiency of health care organizations, and the practice environment and culture.

Leadership: Nurses in leadership positions bring a wealth of clinical experience and empathy to decision-making processes, ensuring that strategies and policies are not only economically viable but also patient- centered. Nurse leaders are pivotal in driving changes that enhance patient care quality, safety, and satisfaction. Their leadership can ensure that the frontline perspective informs strategic directions for the organization. Research has shown that organizations with nurses in executive positions often experience improved patient outcomes, lower rates of complications, and enhanced staff satisfaction.[40]

> **A 2023 survey of RNs found that 86% listed more nurse input into decision-making as one of the top five ways to reduce stress among nurses.**
>
> -AMN Healthcare. The Pandemic's Consequences. https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-rnsurvey-2023-final.pdf

Shared Decision-Making: Involving nurses in shared decision-making empowers them to fully engage in the practice of nursing, ensuring that decisions are made considering the holistic needs of patients. This collaborative approach to care planning and decision-making has been linked to improved patient outcomes and knowledge, higher patient and staff satisfaction, and a reduction in health care costs.[41] In addition, a 2023 survey of RNs found that 86% listed more nurse input into decision-making as one of the top five ways to reduce stress among nurses.[28]

Team Communication: Effective team communication is essential for the delivery of high-quality, coordinated patient care. Nurses often act as the cornerstone in health care teams by coordinating care and communicating vital information between patients, doctors, families, and other health care professionals. Fostering a culture where nurses are encouraged to voice their insights and concerns contributes to a more inclusive, collaborative, and safe health care environment. Studies have demonstrated that improved communication and teamwork among health care professionals are associated with significant reductions in adverse events and improved job satisfaction.[42,43]

The expansion of nurses into leadership roles, shared decision-making, and team communication is not just a matter of professional development but a strategic imperative for health care systems aiming to improve quality, efficiency, and patient satisfaction. This approach leverages the comprehensive skill set of nurses, ensuring that care delivery is both effective and reflective of the complex needs of patients. It signifies a shift toward more collaborative, interdisciplinary models of care where the expertise of each team member is valued and utilized to its fullest potential.

The Task Force on the Future of the Nursing Workforce recommends the following strategies to expand the role of nurses in leadership, shared decision-making, and team communication:

Strategy 13 – Create robust systems that involve nurses as leaders in decision-making that impacts their work environment, patients, and the interprofessional team (Page 80)

Strategy 14 – Improve communication and understanding within interprofessional care teams (Page 84)

Related Recommendations from Other Groups

Nurse Staffing Task Force. Nurse Staffing Task Force Imperatives, Recommendations, and Actions. American Association of Critical-Care Nurses and American Nurses Association; 2023

Recommendation: Support the role of nurse leaders in creating and sustaining a healthy work environment.

Strategy 13
Create robust systems that involve nurses as leaders in decision-making that impacts their work environment, patients, and the interprofessional team

Strategy 13.1 Hospitals and health systems should create or sustain unit councils and hospital-wide shared governance councils that value nurse leadership in decision-making.

Desired Result
Nurses will be meaningfully engaged and valued in decision-making about practices and policies at the unit and organizational levels.

Why does the task force recommend this strategy?
By embracing shared governance, health care organizations can ensure that they are leveraging the full potential of their nursing staff to meet the challenges of modern health care delivery. Unit councils and other shared governance structures should provide a platform for nurses to suggest and make decisions regarding care delivery and process improvements. The task force encourages hospital leadership to include nurse leaders, clinical nurses (both RNs and LPNs), and nursing assistants representing different areas of practice in shared governance structures. This is an important aspect of valuing the role and professional experience that nurses bring to patient care and the success of the organization as a whole.

> **"Shared governance in nursing is a professional practice model that promotes shared decision-making and nursing empowerment by making nurses accountable for decisions impacting processes, policies, and procedures at the point of patient care. The nurse's role in shared governance is to utilize clinical expertise and knowledge to help find solutions to problems or issues within their department or organization, acting as part of a council or team."**
>
> - Faubion D. What is shared governance? www.nursingprocess.org/shared-governance-in-nursing.html
>
> **A unit council is responsible for making nursing practice decisions for that unit.**
>
> -EBSCO Health. Empowering Nurses: Tips and Tricks for Implementing Shared Governance. https://www.ebsco.com/sites/g/files/nabnos191/files/acquiadam-assets/Empowering-Nurses-Shared-Governance-eBrochure.pdf

Related Recommendations from Other Groups

Nurse Staffing Task Force. Nurse Staffing Task Force Imperatives, Recommendations, and Actions. American Association of Critical-Care Nurses and American Nurses Association; 2023

Recommendation: Establish empowered professional governance committees that include direct-care nurses and have authority to create and sustain flexible staffing approaches.

Context
Hospital unit councils and other forms of shared governance play a pivotal role in empowering nurses to be actively involved in decision-making processes related to their workplace, patient care, and health care team performance. These councils and governance structures offer a platform for nurses at all levels to voice their opinions, share expertise, and contribute to the development and implementation of policies and procedures. Shared governance plays an essential part in the "Journey to Magnet Excellence"[1] by transforming culture through creation of "infrastructure to support programs such as shared governance, quality improvement, peer review, evidence-based practice, collegial teamwork, nursing research, etc."[44] The importance of such participatory frameworks cannot be overstated, as they bring numerous benefits, including:

- **Empowering Nurses -** Shared governance structures such as hospital unit councils empower nurses as crucial stakeholders in the health care delivery system. Involvement in decision-making enables nurse voices to be a key factor in organizational change and improvement.

- **Enhancing Job Satisfaction and Retention** - Involvement in shared governance contributes to job satisfaction by having a voice in decisions that affect nurses' daily work lives and the care they provide to patients. Increased job satisfaction can lead to higher retention rates, as nurses are more likely to remain in positions where they feel valued and heard. In an era where nurse retention is a critical challenge, fostering a culture of meaningful shared governance can be a key strategy for health care organizations to maintain a stable and experienced workforce.

- **Improving Patient Care** - Nurses are on the frontline of patient care, giving them unique insights into patient needs, the effectiveness of care practices, and areas for improvement. By valuing nurses in decision-making, hospitals can leverage their unique perspective to develop and refine care protocols, enhance patient safety, and ensure that care delivery is both patient-centered and evidence-based. This collaborative approach can lead to better patient outcomes, increased patient satisfaction, and a stronger reputation for the organization.

- **Fostering Professional Development** - Participation in shared governance structures offers nurses opportunities for professional development and growth. It allows them to build leadership skills, engage in problem-solving, and understand the broader organizational and health care context. These experiences can be instrumental in preparing nurses for advanced roles within the organization, including management and leadership positions. By

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1 "The Magnet Recognition Program designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization's patient outcomes. The Magnet Recognition Program provides a roadmap to nursing excellence, which benefits the whole of an organization." - https://www.nursingworld.org/organizational-programs/magnet/

investing in the development of its nursing staff, a hospital not only enhances its operational efficiency but also ensures a pipeline of skilled leaders for the future.

- **Encouraging Innovation and Efficiency** - Nurses, who are intimately familiar with the intricacies of patient care processes and the challenges of the work environment, can offer practical, innovative solutions to improve efficiency and effectiveness. Their hands-on experience is invaluable in identifying areas where processes can be streamlined, resources can be better utilized, and patient care can be delivered more effectively.

- **Building a Collaborative Culture** - By fostering open communication and collective decision-making, shared governance structures can help break down silos within the organization, promoting a more integrated approach to health care delivery. This collaborative culture not only enhances the work environment for nurses but also improves interdisciplinary teamwork, which is essential for comprehensive patient care.

EVIDENCE OF THE POSITIVE IMPACT OF SHARED GOVERNANCE

A study that measured the association between the level of engagement of nurses with hospital committees/governance structures and both patient and nurse workplace satisfaction identified significant positive impacts of greater nurse engagement (see figure to the right). The study found the largest effects of nurse engagement included an increased likelihood of patients recommending the hospital and, among nurses, decreased burnout and interest in leaving the organization.[45] Another recent study showed consistent findings, with greater nurse empowerment in decision-making associated with superior patient and nurse workplace satisfaction scores.[46]

Study authors suggest that there is a "business case for the involvement of nurses in institutional decision-making especially because of the current focus on [value-based payment] and cost-containment".[45] Because of the role that patient satisfaction surveys play in the level of hospital payment in value-based payment models through the Centers for Medicare & Medicaid Services, an increase in patient satisfaction can make a significant difference in payment.

"Hospitals that provide nurses with the greatest opportunities to be engaged in [shared governance] are more likely to provide better patient experiences, superior quality of care, and have more favorable nurse job outcomes compared to hospitals where nurses are not engaged in institutional decision-making."

-Kutney-Lee A, et. al. Nurse Engagement in Shared Governance and Patient and Nurse Outcomes. J Nurs Adm. 2016 Nov;46(11):605-612. doi: 10.1097/NNA.0000000000000412.

Impacts of Nurse Engagement in Hospital Governance*

MOST ENGAGED		LEAST ENGAGED
13%	Very dissatisfied with their jobs	43%
23%	High burnout	52%
8%	Planning to leave employer within 1 year	24%
8%	Described quality of care on their unit as fair or poor	33%
2%	Graded patient safety as poor or failing	15%
77%	Management will resolve problems in patient care	39%

*"Least engaged" nurses reported not having the opportunity to serve on hospital committees; "somewhat engaged" nurses reported having the opportunity to serve on hospital committees; "moderately engaged" nurses reported involvement in hospital governance; and "most engaged" nurses reported having the opportunity to participate in policy decisions."
Source: Kutney-Lee A, et. al. Nurse Engagement in Shared Governance and Patient and Nurse Outcomes. J Nurs Adm. 2016 Nov;46(11):605-612. doi: 10.1097/NNA.0000000000000412.

Spotlight on North Carolina

"At Atrium Health Stanly, we take the voice of the nurse very seriously. When I first came to the facility as the Chief Nursing Officer, there was very little shared governance. Decisions were made at the leader level with very little input from the frontline staff nurse level. Initially, we started building the structure of our shared governance model and identifying staff nurses from each unit to be the representatives and voice of the nurses at the table. Over time, we were able to demonstrate wins by listening to what nurses needed and letting them know their voices were being heard. Over the course of five years, we increased the participation of staff nurses on the shared governance council by 300%. In that same timeframe, we decreased the number of nursing leaders on the shared governance council by 71%, which was the goal. Now the council was truly led and driven by staff nurses.

An example of showing how the voice of the nurse is so important to us here at Atrium Health Stanly was exemplified when our Intensive Care Unit (ICU) renovation kickoff meeting was held with stakeholders including construction, design team, safety, plant operations, information technology, and administration. An ICU bedside nurse was invited to attend the meeting. At the last minute, she was unable to attend. The Chief Nursing Officer cancelled the meeting since the ICU nurse was not there. She stated there would be no decisions made without the voice of the nurse being at the table. While this did not make the rest of the team happy, it demonstrated the commitment to the importance of having the input of the bedside nurse heard when making decisions about workflow that would impact nursing and their day-to-day job."

-Personal communication. Chief Nursing Officer II, Atrium Health Stanly, Marietta Abernathy. April 4, 2024.

Strategy 13
Create robust systems that involve nurses as leaders in decision-making that impacts their work environment, patients, and the interprofessional team

Strategy 13.2 Employers of nurses should:

a) Appoint nurses to top organizational leadership positions that affect organization-wide policy, including institutional boards.

b) Create organizational leadership roles that allow nurses to remain working in clinical practice in a part-time capacity if that is their preference.

c) Ensure that diverse candidates are prepared to step into these roles by increasing leadership development, education, and opportunities for nurses throughout their careers.

Desired Result
Nurses will be meaningfully represented at all levels of leadership within health care organizations and preparation for those roles will be built into career pathways for nurses interested in organizational leadership.

Why does the task force recommend this strategy?
Nurse representation in all levels of organizational leadership within health care settings is not just beneficial—it's essential for the advancement of health care quality, patient satisfaction, and the nursing profession itself. Nurses, by virtue of their frontline role in patient care, possess a unique blend of clinical expertise, patient experience insights, and operational knowledge that is invaluable for effective health care leadership. Integrating nurses into leadership roles ensures that decision-making processes are informed by comprehensive, on-the-ground perspectives, leading to more effective, patient-centered care strategies. Effective nurse leaders can also advocate for important practice and organizational culture improvements that can benefit the recruitment and retention of nurses.

Context
Nurse representation across all levels of leadership is critical for a variety of reasons, including:

- **Enhanced Patient Care Quality** - Nurses are directly involved in day-to-day patient care, giving them valuable insight into patient needs, care processes, and potential areas for improvement. When nurses are represented in leadership, they bring these insights to the strategic level, ensuring that organizational policies and practices are aligned with the goal of enhancing patient care quality.

- **Promotion of Patient-Centered Care** - Nurses are staunch advocates for patient-centered care, given their close interaction with patients and understanding of their experiences. Nurse leadership ensures that organizational values and decisions prioritize patient needs, preferences, and values.

- **Improved Health Care Team Collaboration** - Nurses in leadership positions serve as bridges between the administrative and clinical sides of health care operations. They can effectively communicate the needs and perspectives of clinical staff to the higher echelons of management and translate organizational goals back to frontline workers.

- **Leadership Diversity** - Including nurses in leadership roles contributes to diversity in leadership, which is essential for a holistic and inclusive approach to health care management. Diversity in leadership brings a range of perspectives, experiences, and problem-solving strategies, which can enhance the organization's ability to address complex challenges and meet the needs of diverse patient populations.

- **Informed Decision-Making** - Nurse leaders bring a practical, hands-on perspective to organizational decision-making that is grounded in their clinical experience and interaction with patients. This perspective ensures that decisions regarding health care services, resource allocation, and care models are realistic, feasible, and aligned with the core mission of providing high-quality patient care. Their input can help prevent the implementation of policies that look good on paper but are impractical, ineffective in real-world settings, or have unintended consequences for patients or care team members.

- **Facilitation of Innovation and Change** - Nurses' firsthand experience with the challenges and opportunities in patient care delivery positions them to lead efforts in implementing new technologies, care models, and processes that improve patient care and operational efficiency.

- **Strengthened Advocacy for Nursing Profession** - Nurse leaders are well-positioned to highlight the contributions of nurses to patient care, advocate for resources and support for nursing services, and push for policies that address workforce challenges such as staffing shortages, burnout, and professional development needs.

DEVELOPING DIVERSE LEADERS
Developing nurse leaders who represent a variety of experiences and backgrounds (i.e., cultural, racial, geographic, economic, gender, and disability status) is essential for creating health care environments that are inclusive, equitable, and reflective of the communities they serve. To cultivate such leadership, health care organizations should prioritize mentorship programs, offer leadership training and professional development opportunities tailored to nurses from diverse backgrounds, and implement policies that actively promote diversity in leadership roles. This can include scholarships for advanced education, support for participation in professional organizations, and recognition of diverse cultural backgrounds as a leadership asset. Leadership that is representative of the diversity of the community being served can help to strengthen the capacity of an organization to address health disparities, improve patient outcomes, and prioritize cultural humility in the care provided.

Health care organizations will need to take intentional steps to successfully develop diversity in leadership and achieve an organizational culture that is supportive and welcoming. This may require addressing historical and current experiences of bias and discrimination in the workplace. Examples of these types of experiences were shared by many nurses of color through listening sessions conducted by the National Commission to Address Racism in Nursing. The final report from that effort states:

"The impacts of racist thoughts on the individual nurse transcend into acts of discrimination and oppression that result in disparities in advancement, lack of inclusion in decision-making processes, and inequities in compensation. Nurses shared experiences of outright denial of opportunities and roles for advancement. The implicit and unconscious biases transcend into the use of privilege and power to modify roles to advance those who are favored and hinder those viewed through a biased lens. 'My professional work has been overlooked and given to a White nurse to move forward.' It was agreed that 'the denial of promotion has been a problem historically' as one nurse stated, while another agreed: 'We don't get the opportunities, or we are not heard.'"[9]

"Even when nurse leaders hold similar positions, salary disparities are seen among racial and ethnic groups. Among nurse leaders with the highest salaries (ranging from clinical staff to C-suite executives), only 11% are Black, compared with 27% who are Asian American, 25% who are Hispanic, and 21% who are White. Not only are few Black nurses in positions of leadership at all, but even fewer advance to careers as nurse executives."

- National Academies of Sciences, Engineering, and Medicine 2021. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/25982

Strategy 14
Improve communication and understanding within interprofessional care teams

Strategy 14.1 Employers of nurses should:
a) Implement TeamSTEPPS training or a similar teamwork and communication curriculum for employees across professions (i.e., nurses, physicians, pharmacists, physical therapists, social workers, etc.) and along the continuum of employment.

b) Ensure interprofessional care teams convene regularly to communicate about patient care.

Desired Result
Nurses and other health professionals who work with nurses will communicate and work together effectively and respectfully, and nurses' concerns regarding their patients' health and safety will be heard and valued by other members of interprofessional health care teams.

Why does the task force recommend this strategy?
By enhancing teamwork and communication among health care teams, employers of nurses can ensure that nurses have opportunities to advocate on behalf of themselves and their patients and are valued as key members and leaders of interprofessional care teams. The task force encourages organizations to grow teamwork and communication skills among staff members through intentional, evidence-based curricula. Evidence suggests that teamwork training improves team communication, in turn improving job satisfaction and lowering burnout. These outcomes play an important role in retaining nurses in the profession.

Context
No matter where they practice, nurses work closely with a variety of other professionals to provide care and implement treatment plans for their patients. The members of a care team depend on the patient's individual needs as well as the health care setting, but commonly include nurses; physicians of several specialties; advanced practice providers; pharmacists; physical, occupational, speech, and respiratory therapists; dieticians; social workers; educators; psychologists; and care coordinators, among others.

Perhaps most importantly, strong communication among providers is critical for **patient safety**. Breakdowns in communication are associated with medical errors and adverse events, including patient deaths. Effective communication is key to building trust among team members.[43] Existing literature suggests that teams that respect and trust one another are less likely to make mistakes that affect patient outcomes.[47]

Teamwork and communication among health care workers also heavily influence **organizational climate**. Researchers have coined the phrase "communication satisfaction" to refer to how happy employees are with workplace communication, including with supervisors, peers, subordinates, and their organization as a whole.[48] Improved communication satisfaction has been linked to higher job satisfaction, decreased intention to leave, and lower levels of burnout. A 2023 survey of nurses conducted by the American Nurses Foundation found that 16% of nurses reported lack of respect from colleagues or employer as a top contributor to burnout; 13% listed lack of teamwork as a top contributor.[49]

AGREE OR STRONGLY AGREE

79%

Percent employed full- or part-time in nursing field in North Carolina who agreed that "Physicians and nurses have good working relationships"

DISAGREE OR STRONGLY DISAGREE

20%

Source: Pulse on the Nation's Nurses: Mental Health and Wellness Survey by American Nurses Foundation. https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-4/

INTERPROFESSIONAL ROUNDING AND MEETINGS
Hospital-based bedside nurses join other members of the interprofessional team during daily rounds to patient rooms. Structured interprofessional rounds break down the traditional silo approach of medicine and have been shown to improve patient outcomes and decrease length of stay in the inpatient setting. Several best practices for interprofessional rounding have been identified, and include the following:

- **Involvement of the nurse:** Nurses in the acute care environment typically spend more time with patients than any other member of the interprofessional team. They may have the most thorough and current insight into a patient's condition, response to treatment, preferences, and expectations. Purposeful involvement of the nurse in rounds, including opportunities to share these perspectives, is critical. If undertaken separately, nurses should also be included in Communication and Patient Planning (CAPP) rounds, during which a team reviews patients' progress toward discharge.

- **Inclusion of patients and families**: Offering patients and/or their families the option to be included in interprofessional rounds allows teams the opportunity to hear and respond to patient concerns. Inclusion of patient and family members has also been shown to lead to both higher patient and family satisfaction scores and higher staff satisfaction levels.

- **Daily or more frequent occurrence:** Depending on patient complexity and acuity, interprofessional rounds should occur at least daily to discuss progress and changes to the plan of care.

- **Consistent structure:** The use of scripts in rounding has been shown to streamline discussion and ensure that the responsibilities of all interprofessional team members are discussed. Closed-loop communication, where one team member states or summarizes changes to a care plan and another team member states back transcribed orders, can prevent miscommunication.

- **EHR use:** Displaying patient information and progression through electronic health records during interprofessional rounds can facilitate clinical decision-making. Designating one member of the team to enter orders ensures that changes to the plan of care are implemented efficiently.

- **Goal-oriented approach:** Interprofessional teams have been shown to communicate more effectively when discussions of care are goal-oriented rather than data-oriented. Daily goals should be set and progress evaluated during subsequent rounds.[50]

In non-hospital settings with high volumes of patients, interprofessional team meetings may not devote time to every patient but rather focus on building trust among team members and sharing respective approaches to patient situations. Effective communication among team members is equally important in ambulatory settings.

TEAMSTEPPS AND INTENTIONAL TEAMWORK TRAINING

Effective communication and teamwork are skills that any interprofessional team member can learn and practice. One widely implemented curriculum specifically adapted for health care teams is TeamSTEPPS®, an evidence-based framework built upon teachable communication tools meant to promote quality care and patient safety through effective teamwork. A large body of literature supports the quantifiable impact of TeamSTEPPS® on team communication, patient outcomes, and care delivery across health care settings.[51]

The TeamSTEPPS® curriculum is freely available online and key components include guidance on planning, implementing, and evaluating training.[52,53] However, organizations must be willing to devote time, resources, and personnel for effective implementation. This may be challenging for smaller and/or safety net organizations. Selecting and training coaches is crucial to achieving buy-in from team members. TeamSTEPPS® offers a 2.5-day training program to teach coaches and instructors about curriculum content. If organizations wish to tailor the course to their needs, significantly more preparation time will be needed.

"The TeamSTEPPS training has taught me to effectively coach others; it's taught me to recognize what we're doing poorly and what team members are doing an outstanding job. It's taught me that feedback is good. It's taught me to involve patients and families, not just talk over the patient but speak to the patient."

- UNC Health TeamSTEPPS facilitator

Any and all care team members can participate in TeamSTEPPS® training. Training groups should be reflective of the staff employed in the target work area (inpatient unit, outpatient office, operating room, care facility, etc.). A ratio of 10 participants to one coach is recommended. Depending on how much of the curriculum an institution plans to cover, trainings for staff members can last from one to six hours. During this time, participants will be engaged in didactic review of communication tools, group discussion, hypothetical scenarios, and opportunities to practice.

Outcomes post-implementation of TeamSTEPPS®:

- Decreased time to place patients on extracorporeal membrane oxygenation (ECMO) (ICU setting)
- Lower rate of nosocomial infections (ICU setting)
- Improved teamwork assessment scores (psychiatric unit)
- Decreased length of stay for infants (obstetric floor)
- Increased intention to stay [on staff] among nurses (ICU setting)
- Improved staff satisfaction (primary care clinic)
- Improved perceptions of teamwork among residents (primary care clinic)[52,54,55]

It should be noted that other teamwork and communication trainings have been implemented in health care. Crew Resource Management (CRM), a predecessor of TeamSTEPPS®, emphasizes the goal of patient safety as the motivation for improvements in teamwork and involves instruction and practice in skills such as situational awareness, leadership, and coping with stress.[56] The Veterans Health Administration developed a similar intervention called Clinical Team Training (CTT) using the principles of CRM to prevent errors and protect patient safety. Other institutions have similarly developed their own interventions.

🔑 **KEY RESOURCE NEEDS**

💲 Safety net and other providers with fewer financial resources may need additional funding or reallocation of resources to implement new trainings and processes.

Strategy 14
Improve communication and understanding within interprofessional care teams

Strategy 14.2 The North Carolina Board of Nursing and North Carolina Interprofessional Education Leaders Collaborative should partner with relevant licensing boards to create or use existing educational materials and reference guides to educate nurses, physicians, and other members of the interprofessional team on scope of practice of other disciplines on the health care team.

Desired Result
Members of interprofessional teams will have a robust understanding of the roles of their teammates, and delegation of duties and responsibilities will be efficient and appropriate.

Why does the task force recommend this strategy?
Interprofessional education on scope-of-practice differences has the potential to streamline delegation, improve efficiency, and increase the use of the full skill set of nurses allowed under their licensure. The latter in particular is associated with increased job satisfaction among nurses, as effective delegation allows nurses to maximize time devoted to patient care. By increasing availability and accessibility of educational materials outlining scope of practice, questions that regularly arise in practice regarding supervision and delegation will become quickly and easily resolved.

Context
The roles that members of an interprofessional team carry out in any practice setting are rooted in each teammate's scope of practice. Scope of practice refers to the health care services that professionals are qualified and authorized to provide under their professional license or certification.[57] While institutional policy can restrict the specific tasks a team member performs on a day-to-day basis (for example, nurses on different hospital units may be trained to use different devices), scope-of-practice standards

are uniform statewide and refer to the highest extent to which individuals with a specific license may practice. The scope of practice for any license is defined through a combination of state law, state regulation, and licensing board rules.

Unlicensed assistive personnel (UAP) is a term that refers to a group of health care workers who are "unlicensed health care assistants that have been trained to provide certain tasks of client care as directed by a licensed health care provider".[58] These individuals include nurse aides/certified nursing assistants, patient care aides/home health aides/patient care technicians, medical office assistants, medical assistants, medication aides, and medication technicians.[58]

Licensed practical nurses (LPNs) and **registered nurses (RNs)** play similar roles within an interprofessional team; however, RNs are licensed to practice independently while LPNs must be supervised by an RN, advanced practice registered nurse (APRN), or physician. Both RNs and LPNs perform patient assessments and provide nursing care such as catheterizations, wound care, and medication administration. The LPN's scope of practice is a limited and dependent scope of practice. The RN scope of practice is comprehensive. Patient care plans and education plans must be initiated by the RN. The LPN participates in collaboration and reinforcement of patient teaching according to an established teaching plan. Table 1 provides additional details on the differences between the UAP, LPN, RN, and APRN roles.

Table 1. Scope of practice and tasks for the UAP, LPN, RN, and APRN

UAP	LPN	RN	APRN
Recording vital signs and patient intake and output	Collecting data for ongoing and focused assessment according to structured written guidelines, policies, and forms	Performing comprehensive initial and ongoing patient assessment	Ordering and interpreting laboratory and diagnostic tests
Assisting patients with hygiene, feeding, elimination, and activities of daily living	Participating in planning patient care	Developing client plan of care and nursing care goals	Diagnosing acute and chronic health conditions
Helping clients with ambulation, positioning, and transfer between bed, chair, toilet, etc.	Implementing established plan of care as assigned by the RN or other person authorized by law	Implementing plan of care with assignment and delegation as appropriate	Managing treatment of chronic conditions
Implementing safety precautions (isolation precautions, restraints, etc.)	Carrying out tasks for patient care	Administering medications requiring continuous monitoring	Prescribing medications
Updating nurse with patient status and concerns	Updating RN and/or provider with patient status and concerns	Interpreting patient data and modifying plan of care	Teaching and counseling clients and families
Routine care for tracheostomies, ostomies, wounds*	Participating in teaching using established teaching plans and protocols	Communicating and collaborating with multidisciplinary team	Performing psychotherapy
Catheterizations, tube feedings, and suction*		Teaching and counseling clients and families	Consulting with and/or referring to other providers for complex patient needs
*Restricted to NA II and NAI+4 only		Managing nursing personnel and administering nursing services	Note - Scope differs among NP, CNM, CMS, and CRNA licenses

UAP - unlicensed assistive personnel; LPN – licensed practical nurse; RN – registered nurse; APRN – advanced practice registered nurse; NP – nurse practitioner; CNM – certified nurse midwife; CMS – certified medical-surgical; CRNA – certified registered nurse anesthetist
Note: The scope of practice information provided in this table includes but is not limited to the activities listed for each nursing role.
Source: North Carolina Board of Nursing. RN and LPN Scope of Practice Components of Nursing Comparison Chart. https://www.ncbon.com/vdownloads/course-handouts-understanding-scope-practice-role-lpn/scope-comparison-chart.pdf. North Carolina Board of Nursing. North Carolina Board of Nursing Nurse Aide I Tasks. https://www.ncbon.com/myfiles/downloads/nurse-aide/nurse-aide-i-tasks.pdf. North Carolina Board of Nursing. North Carolina Board of Nursing Nurse Aide II Tasks. https://www.ncbon.com/myfiles/downloads/nurse-aide/nurse-aide-ii-tasks.pdf. North Carolin Center for Nonprofits. The Save Act. https://www.ncnonprofits.org/blog/save-act

In North Carolina, the NC Board of Nursing (NCBON) regulates and provides up-to-date information on scope of practice for the roles of RN, LPN, and APRN, including nurse practitioners (NP), certified nurse midwives (CNM), certified registered nurse anesthetists (CRNA), and clinical nurse specialists (CNS). Regulations regarding delegation to and appropriate tasks for UAP are also made available through the NCBON. Other North Carolina licensing boards for medical, mental health, and alternative medicine professionals include the NC Medical Board, NC Board of Pharmacy, NC Respiratory Care Board, NC Board of Licensed Clinical Mental Health Counselors, among many others.[59]

EXISTING RESOURCES

For providers and members of the public seeking information on the differences among health care roles, several resources already exist and can be accessed on the NCBON website. Among these are comparison charts, delegation trees, and task lists for some of the roles listed above. Board-sponsored continuing education offerings for nurses include "Am I Within My Scope?," "Legal Scope of Practice," and "Understanding the Scope of Practice and Role of the Licensed Practical Nurse (LPN)". The NCBON is also in the process of clarifying and specifying scope-of-practice differences to reduce ambiguity and provide detailed examples of what practicing at full scope looks like.[2] Once published, the NCBON will disseminate its work to agencies and health care leaders statewide.

Several other North Carolina licensing boards provide resources on scope-of-practice differences that are not nursing-specific. For example, the NC Medical Board focuses most closely on scope-of-practice differences between physicians, physician assistants, and APRNs. Because physicians work closely with RNs and LPNs across settings and must understand their respective roles, the NC Medical Board may be a potential partner disseminating educational materials.

NC INTERPROFESSIONAL EDUCATION LEADERS COLLABORATIVE

The NC Interprofessional Education Leaders Collaborative (IPEL-C) is an assembly of innovators in interprofessional education from institutions across the state. This collaborative group grew out of a statewide initiative to expand robust interprofessional programming. Its work has helped to identify strengths, opportunities, and resources that North Carolina can build upon to grow a health care workforce that is ready to work collaboratively in interprofessional teams. Learning from what the IPEL-C has already achieved may be a first step toward educating the future health care workforce on scope of practice and delegation.

Why Interprofessional Teams Should Understand Scope-of-Practice Differences

When professionals "work at their full scope" or "practice at the top of their license," they are performing duties that they have been trained to do but others are not authorized to undertake. For example, an LPN who spends the morning administering medications, assessing patients, and communicating with the RN or other supervising professional is practicing at the top of her license. On the other hand, when an RN helps a patient ambulate to the toilet, gives him a bath, and changes the linens, he is performing important work but not practicing at the top of his license since these activities could be done by a UAP.

It is critical that both nurses and non-nurses understand the scopes of practice associated with various nursing roles for the safe and efficient provision of patient care. Knowledge of teammates' scopes of practice streamlines the delegation process. Surveys have found that nurses spend an average of 5% of their time, or 36 minutes of a 12-hour shift, on tasks that could be delegated.* Uncertainty about what can be delegated can increase this time lost. In both hospital and non-hospital settings, it is common to have team membership change day-to-day. For example, an RN may be scheduled on Monday but an LPN on Tuesday; the same can be said for a nurse aide I and a nurse aide II. Research suggests that team members are less likely to delegate tasks when the scope of their teammates is not consistent due to uncertainty in their roles; this prevents some individuals from working at the top of their license.** When nurses work at the top of their license, job satisfaction and ultimately an organization's bottom line both improve.*

McKinsey & Company. Reimagining the nursing workload: Finding time to close the workforce gap. https://www.mckinsey.com/industries/healthcare/our-insights/reimagining-the-nursing-workload-finding-time-to-close-the-workforce-gap
*** True, G., Stewart, G.L., Lampman, M. et al. Teamwork and Delegation in Medical Homes: Primary Care Staff Perspectives in the Veterans Health Administration. J GEN INTERN MED 29 (Suppl 2), 632–639 (2014). https://doi.org/10.1007/s11606-013-2666-z*

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2 This ambiguity can be exacerbated by some medical staff being referred to as "nurse" despite not holding a nursing license. Current title protection laws for the title "nurse" exist in North Carolina however, these protections only apply if the person is self-identifying as a nurse.

Strategy 14
Improve communication and understanding within interprofessional care teams

Strategy 14.3 The North Carolina Department of Health and Human Services and relevant stakeholder groups at the state level should coordinate to create documentation that clearly explains the roles of paramedics, medication aides, community health workers, and unlicensed personnel across health care settings.

Desired Result
Health care and public health organizations will be aware of and understand the complementary and evolving roles that paramedics, medication aides, community health workers, and unlicensed personnel play alongside nurses in acute care and public health settings. Organizational leadership and the public will recognize the value of the continued presence of licensed nurses across settings.

Why does the task force recommend this strategy?
The task force recognizes that improved role clarity for paramedics, medication aides, community health workers, and unlicensed personnel has the potential to build stronger health care teams. In some cases, the current lack of defined roles for several categories of personnel has led many in nursing to be concerned about the lack of understanding of the unique role that nurses and these other professionals have in care teams. Trust among team members improves patient outcomes and is necessary for optimal teamwork in the health care setting. Improved teamwork among health care professionals is associated with increased job satisfaction among nurses.[60,61] By ensuring that nurses trust their teammates and feel their role is equally trusted and valued by their teammates and the public, the task force sees this strategy as a measure to ultimately improve both health care delivery and nurse retention.

Context
Over several decades, the shortage of nurses and a growing need for an expanded health care workforce have led governments, organizations, and businesses to implement creative staffing solutions to reduce costs and continue serving patients. There have been many successful efforts to complement existing nursing care, such as the employment of EMS personnel including paramedics who interface with nurses in alternative practice settings such as emergency departments, the use of medication aides to administer medications to long-term care residents, and the expansion of community health worker outreach to vulnerable populations.[62,63] However, role confusion and lack of clarity regarding education have in some cases led to mistrust of these roles by teammates and worries about encroachment on nursing scope of practice.

Nurses are trained to care for patients using a cyclical process involving assessment, diagnosis, planning, implementation, and evaluation. While other personnel can be well trained to perform one or several of these steps, it becomes challenging for nurses to fully care for patients when they begin spending less time with them. Excellent communication and coordination, as well as guidance on appropriate role division, are required for successful integration of newer roles into patient care teams.

ROLE DIFFERENCES
Education and scope of practice differ between LPNs and RNs, but nurses at their core assess patient status, provide direct patient care, and ensure patient well-being at various points across the continuum of care. RN licensure enables additional decision-making regarding a patient's nursing plan of care as well as an expanded capacity to care for critical patients and deliver complex and high-risk interventions. RNs are responsible for the management of nursing care and on-going supervision, teaching, and evaluation of personnel. RNs are responsible for the administration of nursing services.

The nursing role overlaps in many ways with other types of health care personnel, but nurses are unique in their training in providing assessment, planning, care, evaluation, collaboration, and education across a wide range of settings.

Paramedics are specifically trained to function in an emergency setting. They are often the first on the scene in emergency situations and stabilize sick and injured patients before and during transport. Paramedics can provide a wide array of lifesaving interventions including defibrillation, IV medications, and airway management. Paramedics are trained to provide Advanced Life Support and receive more education than emergency medical technicians (EMTs), who can provide Basic Life Support.[64]

Medication aides administer routine medications to patients in skilled nursing and long-term care settings. Approved medications are limited and do not include intravenous or injectable drugs. In North Carolina, medication aides take a 24-hour training program and must pass a competency evaluation. Their work must be delegated and supervised by RNs.[65,66]

Community health workers are a growing force of frontline public health workers who provide outreach, advocacy, community education, and social support to the communities they serve. Community health workers generally have close connections to their communities and build trusting relationships that allow them to serve as liaisons to formal health and social services systems. Promotores de salud, care guides, patient navigators, community health advisors, and peer educators are all considered to be community health workers but may provide different services or exist in different settings.[67,68]

IMPORTANCE OF ROLE CLARITY AND DIFFERENTIATION

Information on scope-of-practice differences and appropriate work differentiation among various health care personnel should be synthesized and made easily accessible to health care organizations, nurses, and other health care personnel. Graphics or lists of appropriate tasks and approved skills may be most helpful for busy workplace reference. When teams do not understand role differences, it can be difficult to carefully plan how various professionals will work together and devise appropriate workflows. Within our state, successful efforts to integrate new roles into care teams at the organizational level have taken advantage of existing guidance on scope-of-practice differences so that team members can contribute to patient care at the highest possible level.

> **NC Success Story**
>
> **As emergency department staff turnover coincided with high patient volumes during the COVID-19 pandemic, WakeMed began hiring paramedics to extend emergency department staffing in 2021. Initially, tasks were limited to obtaining IV access, drawing blood, and recording vital signs – not the full scope of paramedic practice. As the unit adjusted and staff were trained to work with paramedics, they performed more tasks within their scope. The program was well-received, with paramedic presence expanded from afternoons/evenings to 24/7.**
>
> *-Hamm R, Allsbrook D. Paramedics help alleviate Ed Staffing issues. American Nurse Journal. 2023;18(3):36-38. doi:10.51256/anj032336 https://www.myamericannurse.com/paramedics-help-alleviate-ed-staffing-issues/*

Role clarity is also important for safe and effective interactions between health care personnel and members of the public. Health care workers should be easily able to inform patients and members of the public as to their role and scope of practice. It is critical that individuals who have spoken with a community health worker or resource navigator, for example, understand why this is not a replacement for evaluation by a health care provider.

EXISTING GUIDANCE ON ROLE CLARITY AND DIFFERENTIATION

Collaboration among state entities is crucial to working through questions about how various professionals can function together to care for patients. However, the large number of relevant parties poses the challenge of fragmentation in published online resources. For example, guidance on medication aide practice can be found on the NC Board of Nursing Medication Aide site, on the NC Department of Health and Human Services Medication Aide Registry site, within a position statement for RNs and LPNs from the NC Board of Nursing, and directly in the North Carolina General Statutes.[69–72]

Guidance on incorporation of community health workers into care teams is similarly fragmented. These individuals may hold formal or informal positions in health care and may or may not be certified community health workers. While the NC Department of Health and Human Services sets forth nine core competencies for community health workers and the North Carolina Community Health Worker Association offers certification that recognizes skills, training, and lived experience, a legal scope of practice is not defined for the community health worker role in the way it is for professionals who must register for state licensure.[73,74]

In 2019 the NC Board of Nursing and Office of Emergency Medical Services released a joint position statement on alternative practice settings for EMS personnel. This document outlines appropriate practice settings and supervision for EMS personnel, reiterates that RNs are responsible for comprehensive nursing care, and references the statutes and regulations that define scope of practice for both paramedics and nurses. This document is not built for everyday workplace reference, but future efforts to develop such resources should build upon collaborative efforts such as this one.

ROLE OF AHEC

NC AHEC is well-positioned to become a potential partner in the effort to create and distribute documentation that clearly explains the roles of paramedics, medication aides, community health workers, and unlicensed personnel across health care settings. The NC AHEC vision of "a state where every North Carolinian is healthy and supported by an appropriate and well-trained health workforce that reflects the communities it serves" rests upon the understanding that members of the health workforce must be well-trained not only as individuals but also as teams.[75] Clear guidance on how various professional roles can effectively work together will further this aim. NC AHEC is already an active partner in the state's effort to build strong, interprofessional, collaborative teams and a leader in the development of North Carolina's community health worker workforce.[76,77] Expertise in these areas as well as strong interprofessional leaders experienced in developing trainings for the health workforce will be assets in the effort to improve interprofessional role clarity statewide.

🔑 **KEY RESOURCE NEEDS**

💲 This effort may require additional resources to support collaboration and intentional work to streamline documentation of roles.

RECOMMENDATION #5

Improve retention of nurses in practice environments with high rates of turnover or vacancies by addressing work environment issues such as workloads and offering flexibility in scheduling

Retention of nursing staff has emerged as a significant challenge within the health care sector for a variety of reasons, ranging from workplace conditions to personal factors affecting nurses' job satisfaction and career choices. One of the primary reasons for the difficulty in retaining nursing staff is **workplace stress and burnout**. Nurses often work in high-stress environments characterized by long hours, heavy workloads, and emotionally taxing situations. The relentless pace, coupled with the emotional strain of providing care, can lead to burnout, prompting some nurses to leave the profession.

Work-life balance, compensation, and workplace policies also play a significant role in retention of nurses, particularly in direct care roles. In some regions and practice settings, nurses feel that their salaries do not adequately reflect the skill level required, the responsibilities of their role, or the risks they face. Younger generations of workers have changing expectations and priorities when it comes to choosing work hours, opportunities to work remotely, flexibility to meet family caregiving needs, and other aspects their jobs or careers that can be related to workplace policies.

Other important aspects of retention have been addressed in previous sections of this report, including professional development, culture, and workplace safety:

- **Professional development and career advancement** - A lack of clear career progression paths or opportunities for further education and skill development can leave nurses feeling stagnant and undervalued, prompting them to seek employment elsewhere in order to grow professionally.

- **Workplace culture and management practices** - A supportive work environment that fosters respect, teamwork, and open communication can enhance job satisfaction, whereas a toxic workplace culture can drive nurses away. Effective leadership and supportive management practices that involve nurses in decision-making and recognize their contributions can improve job satisfaction and retention rates.

- **Physical and psychological safety of the workplace** - Nurses who feel unsafe—whether due to inadequate personal protective equipment, violence in the workplace, or exposure to toxic behaviors—are more likely to leave their positions.

Focusing on strategies to improve the retention of existing nurses is crucial. The cost of turnover is high, not just in financial terms but also in terms of patient care quality and safety. Experienced nurses bring invaluable expertise and stability to health care teams, contributing to better patient outcomes. Improving retention can also help to alleviate the current and projected nursing shortages, ensuring that health care systems can meet the growing demand for care.

The Task Force on the Future of the Nursing Workforce recommends the following strategies to improve the retention of nurses in practice environments with high rates of turnover:

Strategy 15 – Expand opportunities for non-traditional employment schedules and settings and increase family-friendly workplace policies (Page 91)

Strategy 16 – Decrease the experience of high workload and documentation burden for nurses (Page 95)

Strategy 17 – Retain nurses in North Carolina and incentivize practice in needed roles and rural areas (Page 100)

Related Recommendations from Other Groups

Nurse Staffing Task Force. Nurse Staffing Task Force Imperatives, Recommendations, and Actions. American Association of Critical-Care Nurses and American Nurses Association; 2023

- **Recommendation: Modernize care delivery models and ensure they are inclusive, evidence informed, and technologically advanced**

- **Recommendation: Reduce physical workload and cognitive overload and prioritize high value patient care by incentivizing the de-implementation of high-burden/low-value nursing tasks**

Strategy 15
Expand opportunities for non-traditional employment schedules and settings and increase family-friendly workplace policies

Strategy 15.1 Employers of nurses should:
a) Adopt innovative scheduling, contract, and role opportunities.
b) Expand virtual nursing opportunities by conducting a thorough review of nursing roles and offering virtual nursing positions if appropriate to the setting.
c) Implement family-friendly workplace policies.
d) Provide options and flexibility for nurses to cross-train for multiple roles if that is their preference.

Desired Result
Nurses will have more flexibility and choice in their work hours and environment and higher rates of retention.

Why does the task force recommend this strategy?
Implementing flexible work schedules, non-traditional employment settings, and family-friendly workplace policies can address the diverse needs and life circumstances of nurses, helping them balance work with personal responsibilities and reduce stress and burnout. Offering options like flexible hours, telehealth roles, and support for family commitments underscores an employer's commitment to staff well-being. Such supportive environments lead to a more engaged, productive nursing workforce, which is essential for high-quality patient care and the sustainability of health care services. By recognizing and accommodating the multifaceted lives of nurses, employers can ensure a resilient health care sector that is equipped to meet the challenges of modern care delivery.

Context
Retention of nurses within the profession requires a multifaceted approach because of the complex interplay of factors influencing nurses' decisions to stay in their roles or leave the profession altogether. Scheduling practices and workplace policies both play important roles in these decisions and must be examined and adjusted at the organizational level to promote nurse retention. A 2022 survey found that nurses rated work-life balance as the most important factor influencing work satisfaction.[78]

DEMOGRAPHICS AFFECTING DEMAND FOR INNOVATIVE WORK OPPORTUNITIES AND FLEXIBLE SCHEDULING
The nursing workforce, primarily comprised of women, faces a critical need for family-friendly policies and more flexible schedules. A recent survey of health care and education employees found that women were 54% more likely than men to report that child care responsibilities impacted their ability to work.[79] Across industries, over 50% of women report having to reduce their working hours or say that they haven't been able to give 100% at work.[80]

Despite family responsibilities posing barriers to work for some nurses, significant numbers of working caregivers are counted among the workforce:
- According to census data, more working mothers are employed as registered nurses than in any other profession.[81]

- Nearly 43% of nurses are parents to children aged 17 and under, and a growing number are responsible for the care of aging family members at home.[82]

- In a 2022, 47% of nurses who were not currently working cited family and home responsibilities as their reason for being unemployed.[83]

Flexible workplace policies are crucial for attracting and retaining nurses, including those without caregiving responsibilities. The option to take advantage of family-friendly benefits should not be limited to nurses with children. Younger generations entering the nursing profession have heightened expectations for flexibility and work-life balance and are more likely to rate these characteristics as key factors influencing job satisfaction.[84]

> **A 2022 survey found that nurses rated work-life balance as the most important factor influencing work satisfaction.**
>
> *-American Nurses Foundation Survey. 2022. https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-survey-series-anf-2022-workplace-survey/*

EXAMPLES OF FAMILY-FRIENDLY WORKPLACE POLICIES
1. **Child Care Assistance** - Offer on-site or nearby child care and/or child care subsidies as a benefit option for nursing staff. For nurses working long hours, finding child care can be difficult. Offering assistance can help nurses access quality child care options and help alleviate some of the financial burden of rising child care costs.

2. **Paid Family and Medical Leave** - Allow workers the option to take a set amount of time away from work for the "worker's own serious, longer-term health condition, to care for a family member with a serious health condition, or to care for or bond with a new child, and for reasons related to a family's member's military service".[85] Paid Family and Medical Leave is often covered through insurance contributions from the employer and/or employee. In North Carolina, state employees are eligible for four to eight weeks of paid parental leave after a birth, adoption, or foster child placement.[86] This leave does not cover time to care for sick or injured family members.

3. **Support for Family Caregivers** - Provide resources and support for nurses who are caregivers for aging parents, spouses, or other family members. This may include access to counseling services, caregiver support groups, and information about community resources and respite care options.

4. **Lactation Support** - Ensure that breastfeeding nurses are supported with access to lactation rooms, storage facilities for lactation pumps and breast milk, and adequate time to pump during their shifts as they return to work.

> ### Spotlight on North Carolina
> The **North Carolina Healthcare Association** (NCHA) and its members are actively working in this space. NCHA has partnered with TOOTRiS as an option for offering child care benefits with low administrative burden.
>
> **Atrium Health** is completely overhauling its child care offerings to better cater to employee needs.
>
> *-NCHA. TOOTRIS. https://www.ncha.org/strategic_partners/tootris/*

EXAMPLES OF INNOVATIVE SCHEDULING, CONTRACT, AND ROLE OPPORTUNITIES

A variety of creative options for scheduling, contracts, and roles have been implemented across the health sector. Some options may not align with safe patient care in certain settings; however, pilot tests across the country have demonstrated the feasibility of several of these opportunities.

- **Non-traditional shift lengths** - In some workplaces, simply offering 4-, 6-, 8-, and 10-hour shifts is possible. In others, traditional shifts may be split to accommodate those looking for shorter hours (for instance, a 12-hour shift could be split 4/8 or 6/6).
  - *Example: "Parent shifts" – Cleveland Clinic program offering shorter nursing shifts during the school day[87]*
  - *Example: 4-hour "morning commute shift" – offered to bypass rush hour and minimize commute time in high-traffic cities[88]*

- **Flexible start times** - Several staggered start times for employees to choose from, such as shifts that run 7-7, 11-11, or 3-3. These may benefit nurses with morning or evening family responsibilities or those with difficult commutes during rush hours.
  - *Example: Commonly seen in emergency departments and as a benefit for nursing management positions*

- **Flexible contract options** - Opportunity to choose a contract with defined periods of time off to address family/caregiving responsibilities.
  - *Example: Contract with built-in time off that aligns with local school system's seasonal breaks*

- **Job-sharing** - Divides job responsibilities and benefits (salary, paid time off, etc.) between two individuals (typically 50/50 or 60/40). Job sharers must communicate well and should divide roles to take advantage of personal strengths.
  - *Example: Most commonly seen at the managerial level or in education*

VIRTUAL NURSING

Some nurses seeking more flexibility or a nursing role that is less physically demanding may be well suited to becoming virtual nurses. Virtual nursing involves delivering nursing services remotely through digital platforms and technology-enabled communication methods. Virtual nurses may communicate with patients in their homes through telehealth or support bedside nurses in inpatient units. Virtual nurses can perform duties that do not require hands-on access, such as patient monitoring, admission interviews, answering patient and family questions, and providing medication education and discharge teaching. While in-person mentoring and preceptorship cannot and should not be replaced, virtual nurses—particularly those familiar with a unit—can also serve as mentors and answer questions that come up for newer nurses during their shift. Sharing these responsibilities can free up time for on-site nurses to perform in-person tasks like patient assessments and medication administration.

CROSS-TRAINING AND DUAL-ROLE OPPORTUNITIES

While some employees may be looking for flexibility in shift timing or structure, others may seek flexibility in nursing roles with opportunities for professional growth while remaining in their job. Cross-training can give nurses the opportunity to learn protocols for patient care in other facilities/units after a designated period of employment. This opportunity should be optional but may appeal to nurses looking to pick up overtime shifts or try a new specialty.

Dual-role opportunities are similar in that they allow nurses to continue part-time on their unit while formally contracting part-time in another clinical area or role such as education, administration, research, or leadership. One program that oriented interested ICU nurses to work one shift a week in the emergency department found that those functioning in the dual role had reduced reports of burnout, decreased intent to leave, and higher job satisfaction overall.[89]

🔧 KEY RESOURCE NEEDS

Associations representing employers of nurses can help employers identify and implement options for flexible scheduling and family-friendly workplace practices by:
- Identifying and/or developing and promoting resources that help employers learn about best practices from their peers and research.
- Identifying technical assistance and funding opportunities to support employers that are safety net organizations or otherwise lower-resourced in their efforts to increase employee flexibility.

Strategy 15

Expand opportunities for non-traditional employment schedules and settings and increase family-friendly workplace policies

Strategy 15.2 The North Carolina Organization of Nurse Leaders should work with associations representing employers of nurses and other nursing partners to identify opportunities for sharing innovations in nursing roles in a variety of practice settings to expand opportunities for workforce flexibility and improvements in patient care.

Desired Result

Successful efforts to adopt innovative nursing roles and increase flexibility for nurses will be effectively disseminated statewide.

Why does the task force recommend this strategy?

As health care environments evolve, so too must the roles and practices of nurses to meet emerging challenges and opportunities. Sharing innovative practices allows for the cross-pollination of ideas, techniques, and solutions that can address common issues, improve efficiency, and elevate the quality of patient care. Furthermore, such exchanges can reveal new pathways for career development and specialization for nurses, encouraging professional growth and adaptability. This collaborative approach to innovation in nursing can significantly contribute to a more resilient, responsive, and patient-centered health care system and identify opportunities for flexibility for nurses.

Context

Health care delivery evolves at a rapid pace, and nurses are often frontline partners in developing new and creative models of patient care. Several relatively new but growing models of care exemplify this trend, including telehealth, virtual nursing, hospital at home, and mobile health clinics. These approaches to patient care vary in purpose and in the extent to which they have been tested and adopted, but all appear to be promising in terms of the opportunities provided for flexibility in nursing care delivery as well as the advantages offered to patients.

Telehealth Nursing Roles

- Triage
- Health education
- Medication management
- Discharge follow-up
- Bedside rounds facilitation for isolated patients
- Telemetry
- Remote monitoring of patient data
- Care coordination
- Consultation to providers in other locations
- Care management
- Telehealth program management

Note - list adapted from table I Rutledge CM, Gustin T. Preparing Nurses for Roles in Telehealth: Now is the Time. OJIN. !https://ojin.nursingworld.org/table-of-contents/volume-26-2021/number-1-january-2021/preparing-nurses-for-roles-in-telehealth-now-is-the-time/

TELEHEALTH

The U.S. Health Resources and Services Administration defines telehealth as "the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health".[90] Several developments generally fall under this term, including live video appointments, asynchronous transmission of images/videos to providers, remote patient monitoring, and mobile health applications.[91]

Several studies have found that nurses are generally supportive of telehealth adoption and believe that time-saving technologies hold the potential to help decrease workload.[92] In some cases, telehealth can facilitate safety improvements and decreased levels of distress, such as through the ability to remotely triage COVID-19 patients.[93] However, lack of technology training (for nurses and/or patients) can become a significant barrier to a positive telehealth experience if adequate technical support is not available. Resource limitations in rural and medically underserved areas can also present challenges for nurses who serve these communities.

VIRTUAL NURSING

Virtual nursing differs from telehealth in that these programs typically add to traditional in-person, hospital-based care teams, rather than substituting for in-person care.[94] Typically, a virtual nurse works at an offsite center but has access to patients' electronic health records and can remotely collaborate with in-person bedside nurses to complete admissions, update patients and families on the plan of care, facilitate discharge planning, and perform other hands-off roles.

Both virtual nursing and telehealth nursing offer nurses the opportunity to remain active in patient care and mentorship without the physical demands of bedside nursing. These roles may be attractive to older nurses or those who have health conditions that make working at the bedside challenging. While patient education on what virtual nurses can do requires some additional patient-provider communication, high patient and physician satisfaction have been observed in tests of virtual nursing.

NEED FOR DISSEMINATION AND BEST PRACTICE SHARING

The COVID-19 pandemic accelerated the testing and adoption of several of the above approaches to nursing care. However, not all health care organizations have the resources to develop and pilot innovative programs and thoroughly evaluate their impact on patient outcomes, process measures, and cost. Many organizations could benefit from the expansion of successful pilots beyond their initial locations. Furthermore, much remains to be learned about best practices for implementing innovative nursing roles and flexible workforce solutions across health settings, particularly in smaller and safety net organizations serving communities with lower access to technology.[95]

NC Spotlight: Center for Virtual Care Value and Equity (ViVE)

UNC Chapel Hill has begun a five-year process of establishing the Center for Virtual Care Value and Equity with funding from the National Institutes of Health's National Center for Advancing Translational Sciences. The center will generate data needed to study issues related to adoption and sustainability of virtual care programs, with a focus on equity and underserved populations. Students and researchers interested in virtual nursing will benefit from local expertise and training opportunities.

-UNC Research. $3.7M in NIH funding will establish first-of-its-kind virtual care center at Carolina. https://research.unc.edu/2023/08/08/3-7m-in-nih-funding-will-establish-first-of-its-kind-virtual-care-center-at-carolina/

NC Spotlight: Minerva's Mobile Health

A partnership between **UNC Greensboro (UNC-G) School of Nursing** and **Cone Health** transformed an RV into a clinic on wheels with grant funding from the U.S. Health Resources and Services Administration. Nicknamed Minerva's Mobile Health, the mobile clinic travels to communities in eight counties, providing services such as physicals, primary care, and chronic disease care and education. UNC-G nursing and nurse practitioner students can serve with Minerva's Mobile Health and gain exposure to mobile clinic care during clinical rotations.

-Pounds J. New UNCG mobile medical clinic will provide free health services in underserved areas. https://greensboro.com/news/local/education/uncg-mobile-clinic-health-minerva/article_ab5d11e0-387d-11ee-a723-abb8bdf035ff.html

NORTH CAROLINA ORGANIZATION OF NURSE LEADERS (NCONL)

The North Carolina Organization of Nurse Leaders (NCONL) functions as the statewide branch of the American Organization for Nursing Leadership and advocates for nurse leaders in the state as they influence health care through their expertise and innovation. The organization supports nurses pursuing opportunities for professional development, engaging in research, and shaping health care policy.

NCONL has already taken a lead in dissemination of innovative ideas and best practices for the nursing workforce, a goal that aligns with the national organization's workforce initiative. To gather information about initiatives across the state, the NCONL Practice Committee has created a short survey for members about projects to improve retention, engagement, and workplace culture or environment. After receiving information from nurse leaders via the survey, the organization interviews the initiative owner and creates a standardized document highlighting key findings, implications for nurse leaders, important references, and a contact person. These forms will be compiled on the NCONL website to enable easy sharing of best practices with nurse leaders statewide.

OTHER PARTNERS FOR INNOVATION DISSEMINATION

In addition to NCONL, several other organizations bring together leaders in innovative thinking and may serve as assets in sharing new ideas with their member organizations. These partners include:

- **NC Healthcare Association (NCHA)**
- **NC Health Care Facilities Association (NCHCFA)**
- **Association for Home Care and Hospice of NC (AHHC of NC)**
- **NC Community Health Center Association (NCCHCA)**

NC Spotlight: Novant Health

"Like many hospitals, we are facing high turnover of experienced nurses, increased use of contract labor, and a record high number of new graduate nurses. From our new graduate nurse survey, we overwhelmingly heard them voice concerns about lack of available resources when they are off orientation. The lack of preceptors and experienced nurses on nights and weekends was problematic, as this is where most of our new graduate nurses begin their careers. Our goal was to provide support in the form of a resource nurse to give direction and guidance. In November 2023, the role of Clinical Support Nurse (CSN) was launched. These experienced nurses are available 24/7 to answer clinical questions. CSNs are physically located at our 3 largest facilities but are available for consultation by phone or video with any nurse at any of our 14 hospitals. Nine nurses were hired with backgrounds in adult acute care, critical care, and emergency services, as those areas are heavily saturated with new graduates. We are collecting data on the number and types of calls to the Clinical Support Team and nursing satisfaction with the program. Our first satisfaction surveys have been unanimously positive with comments like, 'We have needed someone like this for a long time' and 'It is great to know I have a resource now that I am off orientation without a preceptor'. The CSN has participated in virtual consults between hospitals and markets, as well as providing one on one in person assistance. While this program originally was created as an added support for new graduates, we have seen requests from more seasoned nurses, too."

-Personal communication with Novant Health corporate manager for the Center for Professional Practice and Development, Rhonda Rychlik. March 28, 2024.

🔑 KEY RESOURCE NEEDS

💲 Health care philanthropies, working with health care and nursing researchers, can support pilot programs in developing practice models (e.g., virtual nursing) by tracking patient outcomes, patient experiences, workforce data, and potential cost savings, as well as sharing best practices with organizations interested in using these models.

Strategy 16
Decrease the experience of high workload and documentation burden for nurses

Strategy 16.1 Employers of nurses should consider:
a) Designating nurse-led interprofessional committee to review all documentation fields in their charting system, electronic or otherwise.
b) Ensuring that nurses are part of the decision-making team about procurement of technology solutions; provide guidance on pilot testing, implementation processes, and strategies to navigate implementation challenges; and are provided resources for ongoing tech support.
c) Identifying strategies to minimize the additional work that nurses are called upon to do to fill gaps left by inadequate support staff and other health care team members.
d) Ensuring that job descriptions accurately reflect the role that is expected of the nurse and are updated as needed.
e) Compensating nurses for time spent in required or optional trainings and finding opportunities to improve the efficiency of completing trainings.
f) Improving awareness and knowledge about documentation tools available in the organization, such as speech recognition technology, dictation programs, and smart phrases for documentation of care plans and patient education.

Strategy 16.2 To incentivize time-limited commitments to serve in roles as health care support staff (e.g., environmental services, catering, etc.), associations representing employers of nurses should conduct an environmental scan of existing employment programs that pay for support staff to earn health care professional certifications or degrees and increase awareness of these programs.

Desired Result
Nurses will have reduced stress and burnout related to workload and will be part of decision-making about processes and technologies that will impact their workload and patient care.

Why does the task force recommend this strategy?
It is crucial for employers to actively engage in reducing the workload of nurses by addressing pivotal issues such as documentation burden, gaps in support staffing, and decisions about technology solutions. Excessive documentation requirements can significantly detract from patient care, consuming time that could be better spent on direct patient interactions. Furthermore, insufficient support staffing amplifies the strain on nurses, compelling them to assume a broader range of tasks that could be allocated to support personnel, diluting the quality of nursing care. Decisions regarding the implementation of technology solutions also hold profound implications for workload management. Thoughtfully chosen and well-implemented technology can streamline processes, reduce manual tasks, and enhance efficiency. Conversely, poorly selected or implemented systems can add complexity, hinder workflow, and increase the burden on nurses. Addressing these issues is not merely about improving operational efficiency; it's about safeguarding the well-being of nurses, enhancing patient care quality, and fostering a sustainable work environment that can attract and retain skilled nursing professionals.

Context

A survey of NC nurses who work full- or part-time found that:

42% have Marginal or Poor control over their workload

39% have Marginal or Poor sufficiency of time for documentation

36% say their work atmosphere is intense, hectic, or chaotic

A national survey of nurses found that TWO of the TOP FIVE best strategies for reducing stress among nurses are:

1. Increase support staff (90% agree)
2. Increase nurse input into decision-making (86% agree)

Source: Pulse on the Nation's Nurses: Mental Health and Wellness Survey by American Nurses Foundation, 2023, https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-4/; AMN Healthcare Survey of Registered Nurses, 2023, https://www.amnhealthcare.com/siteassets/amn-insights/surveys/amn-rnsurvey-2023-final.pdf

> *"[N]ew documentation is added periodically without a review of all existing documentation and this practice leads to duplication and redundancy that causes clinician dissatisfaction and can negatively impact patient safety when documentation requirements become overly onerous and reduce time for direct patient care."*
>
> *-Cooper AL, et al. Co-design of an intervention to reduce the burden of clinical documentation: A clinician-researcher collaboration. Applied Nursing Research. 2023(73). https://doi.org/10.1016/j.apnr.2023.151730*

> *"Successfully introducing new technology into healthcare settings requires strong partnerships with nurses to drive adoption and deliver value.... Early on, identify the right clinical stakeholders whom the solution will impact: nurses, physicians or both. Then intentionally build relationships between these clinical stakeholders and IT."*
>
> *-Accenture. How talent and technology can help solve the nursing shortage. https://www.accenture.com/content/dam/accenture/final/accenture-com/document/Accenture-Solving-The-Nursing-Shortage-For-The-Future.pdf#zoom=40*

DOCUMENTATION BURDEN

Nurses are required to complete extensive documentation in the electronic health record (EHR) to ensure accurate patient records, comply with legal requirements, and facilitate billing processes. This extensive documentation can be time-consuming and diminishes the time available for direct patient care. Moreover, it can contribute to nurse burnout and dissatisfaction, as the administrative tasks are perceived as detracting from the core nursing responsibilities of care and compassion.[96] Nurses experience frustration that many EHRs design nursing documentation as check boxes that do not reflect nursing level of effort, the cognitive and analytical abilities of nurses, and their need to document the human response. The increasing complexity of health care services, alongside regulatory and accreditation requirements, further exacerbates the documentation demands.

Opportunities for health care organizations to diminish documentation burden include:
- Reviewing processes that eliminate duplicative or excessive requirements
- Charting by exception, where appropriate
- Identifying items that nurses are charting "because no one else will/can"
- Implementing policies around documentation at the appropriate level (unit, department, etc.) to divide documentation requirements among team members
- Reducing the number of "Best Practice Advisory" reminders while charting
- Collaborating with IT departments to identify nurses with high documentation time burdens to target training on existing EHR tools that can decrease burden

IMPLEMENTING NEW TECHNOLOGY

Involving nurses in the decision-making process about new technologies in the health care setting is critical from the beginning of a procurement process through implementation.[97] Given their frontline role in patient care and their direct interaction with these technologies daily, nurses have invaluable insights into the practicalities of care processes, patient needs, and the usability of technology in clinical settings. Their input can help identify solutions that truly support clinical workflows, improve patient care, and address existing challenges. Moreover, including nurses in technology decisions promotes a sense of ownership and acceptance among the nursing staff, facilitating smoother adoption and integration of new systems. It ensures that such advancements are not only technologically sound but also clinically relevant and user-friendly, leading to better utilization and enhanced patient care.

39% of clinicians don't believe digital health tools are effectively integrated into their workflows.

-Accenture. How talent and technology can help solve the nursing shortage. https://www.accenture.com/content/dam/accenture/final/accenture-com/document/Accenture-Solving-The-Nursing-Shortage-For-The-Future.pdf#zoom=40

Nursing informaticists are highly specialized nurses who operate at the intersection of nursing, information science, and computer technology. Their expertise is pivotal in designing, implementing, and optimizing EHRs and other health care IT systems to support clinical practice and enhance patient care. Nursing informaticists apply their comprehensive understanding of nursing workflows, clinical processes, and technological capabilities to ensure that IT systems are user-friendly, efficient, and effective in meeting the needs of both health care providers and patients. They also play a role in training nursing staff on new technologies, leading quality improvement initiatives, and analyzing data to inform health care decisions and policy.

Once new technologies are implemented, there should be "a continual feedback loop and open communication so that nurses feel that they have a place to voice concerns over what is not working. [Leadership should] heed feedback and if necessary, remodel work so that technology becomes part of the workforce, not just a tool".[97]

ADEQUATE SUPPORT STAFFING

Support staff in health care settings play crucial roles that are foundational to the smooth operation of health care services and directly impact patient care quality. These roles include, but are not limited to:

- **Medical Assistants** - Perform both clinical and administrative tasks, helping with patient intake, taking vital signs, preparing patients for examinations, and managing medical records.

- **Nursing Assistants and Patient Care Technicians** - Provide direct care to patients, such as bathing, dressing, and feeding, assisting with mobility, and monitoring vital signs.

- **Environmental and Food Services Staff** - These team members are responsible for maintaining a clean and safe environment within health care facilities and providing meals to patients.

- **Pharmacy Technicians** - Assist pharmacists in preparing and distributing medications, managing inventory, and handling prescriptions.

- **Laboratory Technicians** - Conduct a wide range of tests that are critical for diagnosing and monitoring diseases.

Each of these roles contributes to a holistic approach to patient care, ensuring operational efficiency, enhancing patient experience, and supporting the clinical staff in delivering high-quality care. When health care settings experience a lack of adequate support staff, nurses face a multitude of challenges that can significantly impact their ability to provide high-quality patient care, as well as their personal well-being. Most significant among these challenges is an increased workload, in addition to concerns about quality of patient care, strains on nurse-patient relationships, and time and resources for activities like leadership development, continuing education, and mentorship.

Examples of tasks that fall on nurses without enough support staff include answering the phone, cleaning the refrigerators, wiping down toilets, cleaning the water dispenser, cleaning equipment and beds, and transporting patients who are not acutely ill. Nurses may also take on tasks that other health care personnel would typically be responsible for, such as walking a patient when the physical therapist is not available, providing respiratory treatment when the respiratory therapist is not available, feeding a patient when the speech therapist is not available, or teaching patients about their medications when the pharmacist is not available. While nurses are skilled in doing these tasks and they are within nurses' scope of practice, this creates additional workload.

🔑⚙ KEY RESOURCE NEEDS

$ Safety net and other providers with fewer financial resources may need additional funding or reallocation of resources to implement new trainings and processes.

MANDATORY STAFFING STANDARDS

Mandatory staffing standards or ratios for nurses have been a topic of significant debate in health care across the nation. In September 2023, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule for minimum staffing standards in long-term care facilities.[98] The Nurse Staffing Task Force of the American Association of Critical-Care Nurses and American Nurses Association published recommendations in 2023, including "Advocat[ing] for state and/or federal regulation and legislation that advances meeting minimum staffing standards".[99]

Given these national actions and ongoing debate, the NCIOM Task Force on the Future of the Nursing Workforce discussed this topic to gather perspectives. Task force member opinions ranged from supportive to critical of mandatory staffing standards. The majority of task force members were neutral about the topic and there was no consensus among the group to support a recommendation about staffing ratios. The following is a summary of the perspectives gathered from the task force.

What is a staffing standard or ratio? – A nurse staffing standard or ratio refers to the mandated or recommended number of patients that a single nurse is responsible for during a shift. These standards would necessarily vary depending on the health care setting, such as hospital, nursing facility, or outpatient clinic, and could also differ based on the specific care needs of the patient population.

What issues could staffing standards address? – Proponents of mandated nurse staffing standards are primarily concerned about improving patient safety and outcomes and reducing nurse burnout and job dissatisfaction. In a national survey of RNs in 2023, 89% said that reducing the number of patients per nurse was one of the top five ways to reduce stress among nurses.[28]

What do supporters of mandatory staffing standards say? – These are some of the key reasons why some people support the idea of mandatory staffing standards for nurses:

- **Improved Patient Outcomes** - Research has shown that lower patient-to-nurse ratios are associated with reduced rates of patient mortality, fewer medical errors, and decreased incidences of infections and complications.

- **Enhanced Patient Safety** - Nurses who experience high workloads are more likely to make errors, from medication mistakes to overlooking critical changes in a patient's condition.

- **Reduced Nurse Burnout and Turnover** - Nursing is a highly stressful profession, and excessive workloads contribute to burnout, dissatisfaction, and high turnover rates. Having a standard number of patients may alleviate some of this stress and lead to improved job satisfaction, lower turnover rates, and a more stable nursing workforce.

- **Financial Efficiency in the Long Term** - By improving patient outcomes and reducing complications, hospitals can save on costly interventions and extended inpatient stays. Lower turnover rates can decrease the costs associated with recruiting and training new staff.

"This can make it easier for staff to spend more time with patients or family members. There could be reduction of medication errors and reductions of injuries to patients and staff."

"New nurses coming into clinical practice are often leaving right away. We are losing them before they even get their feet wet."

"We've lived a profession of compromises from day one. We consistently identify ways to create workarounds and it has come to be expected of us. We need to draw a line in the sand."

-Quotes from task force members.

What do critics of mandatory staffing standards say? - These are some of the key reasons why some people are critical of the idea of mandatory staffing standards for nurses:

- **Impact on Professional Autonomy** - Some in the nursing profession argue that mandatory staffing standards could undermine nurses' professional autonomy by limiting their ability to make judgment calls about staffing based on their assessment of patient needs. They believe that staffing decisions should be made at the unit level by those with the most direct knowledge of the patients' needs, rather than being imposed by legislation or external mandates.

- **Increased Financial Burden on Health Care Facilities** - Implementing fixed nurse-to-patient ratios would require many institutions to hire additional nursing staff, which could be financially untenable, especially for small, rural, or underfunded hospitals. Critics argue that the added financial pressure could lead to cuts in other critical areas or even force some facilities to close.

- **Lack of Flexibility** - Mandatory staffing standards may not account for the variability in patient needs and the dynamic nature of health care. Because staffing needs can fluctuate dramatically, a one-size-fits-all approach may not be in the best interest of patient care. For example, a unit with patients who have less acute conditions may not require as many nurses as a unit dealing with more critically ill patients.

- **Potential for Reduced Staff in Other Areas** - To compensate for the increased costs associated with hiring more nurses, hospitals might reduce staffing levels in non-nursing areas or cut back on services. This could lead to job losses in other important areas of patient care and support, potentially undermining the overall quality of care and operational efficiency of the facility.

- **Administrative and Bureaucratic Challenges** - Implementing and monitoring compliance with mandatory staffing ratios would require significant administrative effort and resources. There is also the challenge of developing a fair and effective system for monitoring compliance and enforcing penalties for non-compliance.

"I have concerns over who controls the narrative of what is safe nursing. When legislators do, it takes this control out of the hands of nurses."

"This is not a one-size-fits-all solution."

"I can see both sides. We want to have safe staffing levels, but what happens in areas where they struggle to be met? Are these points of access closed? What happens to these people?"

"I have a feeling that we may not fully understand the unintended consequences of these policies."

-Quotes from task force members.

EXAMPLES OF IMPLEMENTING STAFFING STANDARDS

CMS Long-Term Care Staffing Standards - CMS has proposed new staffing standards for long-term care facilities, which have generated a mix of supportive and critical response due to their potential impacts. Specifically, the proposal includes a requirement for nursing homes to provide at least 0.55 hours of care per resident per day by a registered nurse (RN) and 2.45 hours per resident per day by a nurse aide. Additionally, there would be a mandate for an RN to be present in the facility 24 hours a day, seven days a week.

The exclusion of licensed practical nurses (LPNs) from the proposed standards highlights the limitations of policymakers when attempting to create overarching standards. LPNs play a substantial role in the daily clinical staffing of nursing homes, making up a significant portion of the workforce, and in some facilities they can constitute as much as 75% of the clinical staff. The omission of LPNs from the mandate may not fully address the needs of skilled nursing facilities.

Supporters of the proposed rules argue that they would significantly reduce the risk of unsafe and low-quality care in long-term care facilities, ensuring that residents receive the attention they need. Critics are concerned about the feasibility of these standards, particularly in the face of workforce shortages, and the financial implications for facilities, especially those in rural or underserved areas.

States with Mandated Staffing Standards - Some states have taken steps to implement mandatory nurse staffing ratios. Massachusetts, for example, has a law requiring a 1:1 nurse-to-patient ratio in intensive care units (ICUs), with flexibility to take on a second patient based on clinical judgment. California has mandated specific ratios in various hospital settings since 2004. In California, various research studies found that implementation of ratios resulted in 1) a significant increase in nurse staffing in hospitals; 2) a moderate effect on RN wages; and 3) a decrease in cases of "failure to rescue," but no systematic improvement in patient outcomes.[100]

Thirty-five states and Washington, D.C., have requirements for total nursing staff time in nursing homes. State requirements for nursing staff time range from less than 1.0 hour per patient day (Arizona) up to 4.1 hours per patient day (Washington, D.C).[101] North Carolina does not have such legal requirements. These standards have sometimes been difficult for nursing homes to meet as hiring challenges have persisted. For example, Illinois enacted nursing home nurse staff time standards in 2019, but delayed implementation due to the COVID-19 pandemic and then again by two years until January 2025 because of workforce supply.[102]

Moving Forward - The debate over mandatory staffing standards reflects broader tensions between regulatory approaches to ensuring quality care and the realities of health care delivery in diverse settings. As there is not a clear consensus on this issue, research and discussion should continue. The NCIOM Task Force on the Future of the Nursing Workforce has made recommendations that are intended to address many of the underlying challenges that proponents of mandatory staffing standards seek to address, including actions outlined in Strategy 16 - Decrease the experience of high workload and documentation burden for nurses (see Pages 95).

Strategy 17
Retain nurses in North Carolina and incentivize practice in needed roles and rural areas

Strategy 17.1 The North Carolina General Assembly should implement:
a) Expanded loan forgiveness programs and other incentives (e.g., financial assistance for higher education fees for children of nurses) for nurses who commit to practicing in rural areas, and
b) Other incentives based on outcomes of the statewide nursing survey conducted by NC AHEC and the UNC Chapel Hill School of Nursing.

Desired Result
Loan forgiveness and other state-level incentives will encourage nurses to continue to practice in rural areas and/or high-need roles in North Carolina.

Why does the task force recommend this strategy?
Expanded loan forgiveness programs and other incentives for nurses who commit to practicing in high-need roles and geographic areas can significantly alleviate the financial burden of nursing education, making the profession more accessible and encouraging existing nurses to advance their qualifications. By targeting underserved regions and specialties facing severe staffing shortages, these incentives can help improve patient outcomes and access to care in medically underserved communities. Moreover, offering financial incentives for nurses willing to serve in these critical areas not only helps retain talent within the state but also fosters a health care workforce that is more responsive to North Carolina's evolving health care needs.

Context
NC Nursecast projects that North Carolina will face shortages of almost 12,500 registered nurses (RNs) and over 5,000 licensed practical nurses (LPNs) by 2033. Most regions across the state will face RN shortages, with metropolitan areas facing significantly larger shortages than non-metropolitan areas.[103] The Northwest/Triad and Piedmont/Triangle Medicaid regions are projected to face the largest RN shortages.[103] Only the Southeast/Wilmington region is projected to see an RN surplus. All regions across the state will face LPN shortages, with metropolitan and non-metropolitan areas equally impacted.[103]

The nursing shortages can also be examined by health care setting. According to NC Nursecast:
- By 2033, hospitals, nursing homes, extended care, and assisted living facilities will experience large shortfalls of RNs and LPNs.
- Hospitals are projected to experience the greatest numeric shortage of RNs (-9,927 positions).
- Nursing home, extended care, and assisted living facilities (-30.8%) as well as home health and hospice (-17.9%) are projected to face the largest RN shortages relative to their projected workforce supply.

- Nursing home, extended care, and assisted living facilities are projected to experience the greatest shortage of LPNs by both absolute numbers (-3,510 positions) and percentage of the projected workforce supply (-49.0%).
- Hospitals are also projected to face a large shortfall of LPNs (-31.7%).[104]

The COVID-19 pandemic has also impacted the nursing workforce through factors like nurse burnout, nurse migration, and the expansion of the travel nurse industry. These factors may result in higher-than-projected nursing shortages and greater maldistribution of nurses across the state.[105–107] In a scenario combining early exits from the nursing workforce and rising competition from other states with increased enrollment in nursing programs, NC Nursecast projects that the RN shortage would worsen from 12,500 to 18,600, and the LPN shortage would worsen from 5,000 to 5,800 by 2033.[108]

LOAN FORGIVENESS AND OTHER FINANCIAL INCENTIVES
Financial incentives, including student loan forgiveness, may support nurse retention in North Carolina, particularly in areas of greatest need. According to the National Student Nurses' Association, more than 70% of nursing students use student loans to pay for their education:
- Graduates from Associate Degree Nursing programs average $19,928 in debt.
- Graduates from Bachelor of Science in Nursing programs average $23,711 in debt.
- Graduate-level nursing students could expect to graduate with between $40,000 and $54,999 in student loan debt.[109,110]

In 2011, the North Carolina General Assembly established the **Forgivable Education Loans for Service** program to provide "financial assistance to qualified students enrolled in approved education program and committed to working in critical employment shortage areas". The program currently awards up to $7,000 for certificate, associate, and bachelor's degrees and up to $14,000 for master's and doctoral degrees for certain professionals working in education, allied health, nursing, and medicine.

Spotlight on North Carolina

In 2024, the North Carolina Office of Rural Health (NCORH) will launch a new initiative to expand the NC Loan Repayment Program to include registered nurses and clinical nurse specialists who provide outpatient primary care services in rural, medically underserved areas of the state. NCORH's mission is to support equitable access to health in rural and underserved communities. Therefore, they are working to support statewide efforts of recruitment and retention of nursing professionals. To qualify for this incentive, the health care provider and their practice location must both adhere to the NCORH's guidelines and requirements. For more information about this initiative, please visit the NCORH website. https://www.ncdhhs.gov/divisions/office-rural-health/office-rural-health-programs/provider-recruitment-and-placement

-Personal communication. Placement Services Manager, Office of Rural Health, NC Department of Health and Human Services. March 27, 2024.

Beyond loan forgiveness, other states have provided additional incentives to support different facets of the nursing workforce:

- **Virginia** - The Virginia General Assembly allocated $500,000 for fiscal year 2022 to establish the Nursing Preceptor Incentive Program to compensate preceptors who would not have otherwise been paid.[111]
- **Colorado, Georgia, Hawaii, Maryland, and South Carolina** - These states offer tax credits to preceptors, with some requiring preceptors to practice in rural or underserved areas.[112]

FORTHCOMING RECOMMENDATIONS FOR NORTH CAROLINA

Other potential strategies for retaining nurses in the state and incentivizing practice in needed areas will be identified by the results of the forthcoming statewide nursing survey conducted by the University of North Carolina School of Nursing in partnership with NC AHEC. This survey will identify factors associated with turnover and retention of the nursing workforce in North Carolina and make recommendations for retaining nursing personnel in the workforce. The research team developed survey questionnaires, using established instruments whenever possible, to gather the following information about the nursing workforce:

- Employment characteristics
- Turnover experiences and intentions
- Retention strategies
- Wellness
- Job satisfaction
- COVID-19 experiences

Participants include registered nurses (RNs) and licensed practical nurses (LPNs) with active licenses in North Carolina along with all certified nurse aids II (CNAs) contained in the listing maintained by the North Carolina Board of Nursing.

Additional Resources

Strategy 7 – Identify opportunities for nurses to participate in educational advancement, leadership, mentoring, and preceptorship

- Nursing Leadership Workforce Compendium – American Organization for Nurse Leadership

Strategy 9 – Create and promote a supportive and inclusive workplace culture

- Summary Report: Listening Sessions on Racism in Nursing – National Commission to Address Racism in Nursing
- The History of Racism in Nursing: A Review of Existing Scholarship – National Commission to Address Racism in Nursing

Strategy 10 – Protect nurses from violence in the workplace

- Workplace Violence Prevention Resources – The Joint Commission
- Preventing Workplace Violence in Healthcare – Occupational Safety and Health Administration (OSHA)
- Workplace Violence in Healthcare Settings – Carolina Health Workforce Research Center
- Creating Safer Workplaces: A guide to mitigating violence in health care settings - American Hospital Association and the International Association for Healthcare Security and Safety

Strategy 11 – Increase awareness and support for the mental health of nurses

- Mental Health Resource Center – Trusted Health

Strategy 16 – Decrease the experience of high workload and documentation burden for nurses

- How talent and technology can help solve the nursing shortage - Accenture

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4

CHAPTER FOUR

Valuing Nurses and Nursing Care

Nurses consistently rank as the most trusted professionals, a testament to the vital role they play in health care and society. This trust stems from the unique combination of expertise, compassionate care, and dedication that nurses exhibit. Nurses are often the frontline of patient care, providing not only clinical treatment but also emotional support to patients and their families. Their ability to blend scientific knowledge with empathy and patient advocacy often sets them apart from other members of the health care team. The trust they engender is not only a reflection of their clinical skills but also of their ethical standards and commitment to patient welfare. Nurses' critical role in patient outcomes, their presence during life-altering moments, and their ability to navigate complex health care situations with grace and professionalism underpin the public's profound respect and trust in the profession.

Despite the high levels of trust in nurses and their vital role in patient care, data that demonstrates their value in the delivery of care are limited. Health care billing and quality outcomes measures are two current mechanisms for assigning or determining value in the health care system. Most billing for health care services does not account for nursing time or level of care. One commonly cited example of this is the inclusion of nursing care as part of "room and board" charges in hospital billing (see text box for more).

> *"Nursing care services are the most intensely used hospital services by acute hospital inpatients yet are poorly economically measured.... The line items on the hospital bill function to capture the value of the care provided throughout the duration of the inpatient stay.... [E]ach physician or specialist visit is billed at a particular rate [and] [a]llied health care professionals who are not employed by the hospital, such as physical and occupational therapists, also independently bill for the time spent providing services to the patient.*
>
> *Nurses are an anomaly in the current inpatient billing system. Rather than bill for the actual services provided to the patient or the amount of time spent providing nursing care, the cost of nursing is embedded into the line item for room and board, which is the same fixed cost for every patient receiving the same level of care within a particular institution. In other words, all patients cared for on a given unit are billed the same room and board charge regardless of the actual amount of nursing care the patient utilized during that hospitalization."*
>
> - Lasater KB. Invisible economics of nursing: analysis of a hospital bill through a Foucauldian perspective. Nurs Philos. 2014 Jul;15(3):221-4. doi: 10.1111/nup.12040. Epub 2013 Nov 27. PMID: 24279477; PMCID: PMC5887158.

Health care payment models and mechanisms play a pivotal role in shaping the structure, distribution, and practice environment of the nursing workforce. The shift toward value-based care, which emphasizes patient outcomes over the volume of services provided, has led to an increased focus on preventive care and chronic disease management in many health care settings.[1] Nurses are well suited to lead these interventions and can play a crucial role in managing patient care, coordinating among specialists, and providing continuous care. Reimbursement policies from Medicare and Medicaid and private insurance companies can influence the hiring and deployment of nursing staff. Limited reimbursement for certain services may lead to reductions or changes in priorities for staffing and other resources. Financial pressures on health care facilities, often driven by these payment models, can also impact nurse-to-patient ratios, workload, and job satisfaction, subsequently affecting the quality of patient care and nurse retention rates. Furthermore, the increasing trend toward outpatient services and home health care, partly influenced by reimbursement policies, is reshaping the nursing profession, requiring nurses to adapt to more community-based roles.

The Task Force on the Future of the Nursing Workforce has made three overarching recommendations related to valuing nurses and nursing care. Each recommendation includes specific strategies and actions.

RECOMMENDATION #6: Equip nurses and the public to be strong advocates for nursing and health care improvement (Page 108)

RECOMMENDATION #7: Quantify the value of nursing care (Page 113)

RECOMMENDATION #8: Optimize payment for health care services to support nursing care (Page 118)

⚙ KEY RESOURCE NEEDS

Key resource needs to implement recommendations are highlighted through this report using the following icons.

$ **FINANCIAL RESOURCES**

??? **TOOLS AND NON-FINANCIAL RESOURCES**

ADVOCACY OR PUBLIC AWARENESS

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RECOMMENDATION #6

Equip nurses and the public to be strong advocates for nursing and health care improvement

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As the largest group of health care professionals, nurses occupy a central role in the health care system, providing essential care that spans from preventive health measures to acute care interventions and long-term support. Despite their critical contributions, nurses often face challenges in having their work appropriately valued, in terms of both professional recognition and financial compensation. This discrepancy highlights the need for nurses to be strong advocates for themselves and underscores the importance of public advocacy in supporting them. Self-advocacy by nurses can contribute to:

- **Recognition of expertise** - Nursing is a profession that requires extensive knowledge, specialized skills, and continuous education. Nurses must advocate for themselves to ensure their expertise is recognized within the health care hierarchy, emphasizing that nursing care is not ancillary but central to patient outcomes.

- **Professional development and advancement** - Self-advocacy is crucial for nurses seeking opportunities for professional development and career advancement. By voicing their needs for further education, specialized training, and leadership roles, nurses can break barriers to advancement and highlight the value of their contributions to health care.

- **Improved working conditions** - Nurses often work under challenging conditions, including long hours, high patient loads, and emotional stress. Self-advocacy is essential to addressing these issues, and may include demanding safer work environments, adequate staffing ratios, and resources that enable nurses to provide the best care possible.

PUBLIC ADVOCACY: STRENGTHENING SUPPORT
While nurses can advocate for themselves, public support amplifies their voices, making it more likely that policymakers, health care organizations, and society at large will take notice. Public advocacy can drive meaningful changes in how nurses are valued and treated. By rallying behind nurses, the public can help push for reforms that recognize the value of nursing care, such as fair compensation, better working conditions, and stronger representation in health care decision-making.

THE PATH FORWARD
For nursing to be appropriately valued, both self-advocacy by nurses and public advocacy on their behalf are essential. Nurses, equipped with their firsthand experiences and expertise, are uniquely positioned to articulate the challenges they face and the value they provide. These efforts can be significantly bolstered by public support, which can influence systemic changes that recognize and reward the critical work done by nurses.

Together, these forms of advocacy work synergistically to address the undervaluation of nursing care. They can lead to improved working conditions for nurses, better patient care outcomes, and a health care system that truly recognizes the indispensable role of nursing. In a time when health care faces numerous challenges, valuing and supporting nurses is more crucial than ever, requiring concerted efforts from within the profession and from society at large.

The Task Force on the Future of the Nursing Workforce recommends the following strategies to equip nurses and the public to be strong advocates for nursing and health care improvement:

Strategy 18 – Enhance the ability of nurses to advocate for themselves and their profession (Page 109)

Strategy 19 – Enhance the ability of the public to advocate for nurses (Page 112)

Strategy 18
Enhance the ability of nurses to advocate for themselves and their profession

Strategy 18.1 North Carolina nursing associations should continue to provide advocacy training opportunities for nurses and identify ways to increase uptake of these opportunities.

Strategy 18.2 Employers of nurses should encourage nurse participation in nursing associations and coalitions and consider employee benefits that would pay dues and permit work time dedicated to participating in membership activities.

Desired Result
Nurses will be empowered with training, tools, and coordinated efforts to advocate for their profession.

Why does the task force recommend this strategy?
By advocating for the profession, nurses can influence improvements in patient care standards, working conditions, and health care policies, leading to better health outcomes and a more sustainable health care system. Additionally, empowered nurses who actively participate in advocacy efforts contribute to the advancement of the nursing profession, helping to elevate the role of nursing within the health sector and society at large. This not only enhances the professional standing of nurses but also attracts new talent to the profession by showcasing nursing as a dynamic and influential field.

Context
NURSING ASSOCIATIONS IN NORTH CAROLINA
The **North Carolina Nurses Association (NCNA)** is the professional organization for registered nurses in North Carolina. It serves the needs of its members by addressing nursing issues and advocating for nursing and high-quality health care.[2] In February 2024, the NCNA announced a Diversity in Nursing Leadership Fellowship, in which it will partner with counterparts in Georgia and South Carolina to develop a new leadership program for nurses of color.[3] This fellowship aims to provide professional nursing associations with increased access to a diverse pool of talented and engaged members such as board members and other association leaders.[3]

The **North Carolina Organization of Nurse Leaders (NCONL)** is the state-level affiliate of the American Organization of Nurse Leaders. NCONL works to strengthen nursing leadership through professional development and serves as the catalyst for promoting unity and cohesiveness across the nursing profession in the state.[4] NCONL also nurtures key relationships, such as those with the North Carolina Board of Nursing, the North Carolina Healthcare Association, and the NCNA, while serving as a partner nursing organization to the North Carolina Future of Nursing Action Coalition.

North Carolina has a state chapter of the **National Association of Licensed Practical/Licensed Vocational Nurses**. The organization provides continuing education, certifications, scholarships, guidance and professional advice, and member support and networking.[5]

The **North Carolina Association of Nursing Students** is open to students enrolled in an accredited North Carolina nursing program at all levels, including pre-nursing students. It was chartered as a student branch of the NCNA in 1958 and continues to work with the NCNA to aid nursing students in the transition to nursing practice.

Several associations in the state represent and support specific racial and ethnic groups of nurses. Some of these include:
- Chapters of the **National Black Nurses Association, Inc.**
- **Philippine Nurses Association of North Carolina**
- **Indian American Nurses Association of North Carolina**
- **Nigerian Nurses Association of North Carolina**
- **The North Carolina chapter of the Asian American/Pacific Islander Nurses Association**

In addition, there are associations for nurses based on specific areas of practice. Some of these include:
- **North Carolina Association of Public Health Nurse Administrators**
- **School Nurses Association of North Carolina**
- **The North Carolina chapter of the American Psychiatric Nurses Association**
- **North Carolina Hospice & Palliative Nurses Association**
- **The North Carolina chapter of the National Association of Directors of Nursing in Long Term Care**
- **North Carolina Association of Occupational Health Nurses**
- **North Carolina Emergency Nurses Association**
- **North Carolina Association of Nurse Anesthetists**
- **Regional chapters of the American Association of Critical Care Nurses**

Statewide activities that have valuable opportunities for nurse participation are also being led by:
- **North Carolina Center on the Workforce for Health**
- **North Carolina Department of Health and Human Services**
- **North Carolina Future of Nursing Action Coalition**

BENEFITS OF PARTICIPATION IN NURSING ASSOCIATIONS AND COALITIONS

Nursing associations provide opportunities for continuing education, skill development, and access to resources that can enhance nurses' knowledge and expertise. They also allow nurses an opportunity to connect with colleagues, mentors, and leaders in their field, fostering relationships that can provide support, guidance, and possible career development.[6] The skill development and learning provided through nursing associations can ultimately benefit patient care.

Nursing associations advocate for the interests of nurses and the nursing profession, allowing nurses to address issues affecting their practice, health care delivery, and patient outcomes.[7] They are critical for generating ideas and proactive work that is needed to maintain accountability in the profession and address issues affecting workforce capacity.[7]

Supporting involvement in nursing associations allows nurses to build professional networks that can benefit employers through collaborations and access to resources and expertise from other health care organizations. It can also improve retention rates by promoting a sense of belonging, loyalty, and investment in the organization.

A primary deterrent to joining a nursing association can be membership cost, with the average association dues costing approximately $200 per year. In addition, many new nurses entering the profession may lack information about the organizations that are possible to join.

Employers' payment of employees' professional association dues is an investment in the workforce. Employees feel valued when their employers invest in their growth and development, which can lead to higher levels of engagement and retention within the organization. By subsidizing or fully covering the cost of nursing association memberships, employers demonstrate a commitment to supporting their staff's professional development and providing incentives for joining these organizations.

In addition, providing opportunities for nurses to participate in organization membership activities during work time can bring several benefits to both the employee and the employer. For example, organization activities like meetings, workshops, or conferences allow nurses to enhance their professional knowledge and skills.[8] By encouraging and supporting nurses' participation in organization membership activities, employers encourage a culture of continuous learning and professional growth within the organization.

Strategy 18
Enhance the ability of nurses to advocate for themselves and their profession

Strategy 18.3 The Center on the Workforce for Health should engage an advisory council to provide data, guidance, and best practices concerning efforts to address the nursing workforce crisis, provide critical perspectives from key interested parties, and decrease duplication of efforts. Representatives of the council should include nursing educators from community college and university settings, nurses with experience in a variety of health care settings, employers of nurses, and representatives of nursing associations and the Future of Nursing Action Coalition.

Desired Result
The perspective of nurses will be engaged and prioritized in state activities to address the nursing workforce crisis.

Why does the task force recommend this strategy?
Recommendations from the NCIOM Task Force on the Future of the Nursing Workforce were developed with extensive input and perspective from nurses, employers of nurses, and other health care experts in a variety of roles. These recommendations provide a roadmap to the issues most directly impacting the nursing workforce in North Carolina and present strategies to address them. An advisory council that is focused on the implementation of task force recommendations can provide important perspective and focus to the developing Center on the Workforce for Health's nursing workforce priorities. Furthermore, ongoing guidance allows for the monitoring of progress and effectiveness, as well as timely adjustments to strategies, ensuring that the Center remains responsive to emerging challenges.

Context
In early 2021, NC AHEC, NCIOM, and the Sheps Center Program on Health Workforce Research and Policy began developing a concept for a statewide center focused on the collaborative and comprehensive development of North Carolina's workforce for health. The NC Center on the Workforce for Health (Center) will provide a forum for health employers, workers, educators, regulators, policymakers, and others throughout North Carolina to convene, discuss challenges and opportunities, share best practices and lessons learned, identify potential solutions and metrics for success, and monitor progress toward addressing these challenges. The Center on the Workforce for Health, while still under development, has identified nursing workforce as a priority area of study and action.

The first director of the new Center was named in February 2024 and the team for the Center is being put together as of spring 2024. The goals of the Center are to:

- "Provide a mechanism to ensure that efforts to address health workforce issues persist over time which will ultimately better align the supply of health workers with the demand for those workers.

- Convene employers, educators, workers, regulators, and others to develop, deploy, monitor, and assess efforts to address health workforce issues. Convenings will be at the state and local levels with bi-direction information flow.

- Gather and make available relevant data and policy, analyze, and synthesize that information to make it actionable, and provide technical assistance and guidance to interested parties when acting to address health workforce issues.

- Provide a forum for interested parties to share best practices and lessons learned."[9]

The Center is partnering with the NC Chamber Foundation to establish the Health Talent Alliance. This alliance will deploy Talent Pipeline Management (TPM) across the state. TPM works to "align employer demand with the workforce system's efforts to supply workers".[a]

In 2023, the Secretary of Health and Human Services and Secretary of Commerce, Kody Kinsley and Machelle Baker Sanders, respectively, convened the Caregiving Workforce Strategic Leadership Council. This council developed a series of recommendations to support the nursing, behavioral health, and direct caregiver workforces. The final report from the Council names the Center on the Workforce for Health as the most viable candidate to govern the implementation of health care workforce recommendations. The Council's report states: "The Center on Workforce for Health will provide the platform where leaders can share coordinated state efforts with the private sector. This structure will not only preserve the continuity of these solutions but also guarantee their effectiveness and impact even as administrations change."[10]

🔑 KEY RESOURCE NEEDS

$ The Center on the Workforce for Health will need reliable and ongoing funding to support and sustain the important work it is planning to take on to ensure a strong health care workforce for North Carolina.

[a] *Learn more at https://nciom.org/wp-content/uploads/2022/11/TPM-Health-Care-One-Pager.pdf*

Strategy 19
Enhance the ability of the public to advocate for nurses

Strategy 19.1 North Carolina nursing associations should expand consumer outreach efforts to help support enhanced understanding of the value of nursing contributions to health care.

Desired Result
Health care consumers will have a better understanding of the variety of nursing roles and the importance of nurses to the health care system. Those interested in advocating for the nursing workforce will have tools to do so.

Why does the task force recommend this strategy?
An informed consumer who recognizes the multifaceted role of nurses can better appreciate the complexities of health care services and the critical nature of nursing work. This understanding fosters respect and effective communication between patients and nurses, enhancing the care experience. Moreover, public advocacy for the nursing workforce—such as supporting policies that improve nurse working conditions and ensure competitive compensation—can directly contribute to the improvement of working conditions, interest in careers in nursing, and ultimately a sufficient and stable nursing workforce. Health care consumers play a vital role in championing the nursing profession, which in turn benefits the broader health care system and its ability to meet the needs of those it serves.

Context
Health care consumers have a powerful voice in advocating for the nursing workforce, leveraging their unique position to initiate change and improve conditions for nurses. These are several ways in which consumers can actively support nurses:

- **Education and awareness:** Consumers can seek information on issues such as workplace safety and the mental health challenges that nurses encounter. Understanding these issues allows consumers to advocate more effectively.
- **Support for nursing organizations:** Many nursing organizations lead efforts to improve working conditions for nurses and advance the profession. Consumers can support these organizations by participating in their campaigns, donating, or spreading their message.

- **Advocacy for policy change:** Consumers can advocate for policy changes that benefit the nursing workforce. This could involve supporting legislation that addresses mental health support for health care workers or offers educational incentives for nursing students. Consumers can make their voices heard by engaging with policymakers through writing letters, making phone calls, or participating in advocacy days.
- **Public support and recognition:** Showing public support and appreciation for nurses can have a profound impact. This could be as simple as thanking nurses for their service or as public as writing op-eds, blog posts, or social media content that highlights the importance of nurses and the need to support them.
- **Participate in hospital or clinic patient and family advisory councils:** Many health care facilities have advisory councils that include patients and family members. These councils provide feedback on patient care experiences and can be a platform to advocate for improvements that will benefit the nursing staff and, consequently, patient care.
- **Encourage workplace safety:** Advocating for workplace safety measures to protect nurses from violence and injury is crucial. Consumers can support policies and practices that ensure a safe working environment for nurses, such as adequate security measures and protocols for handling aggressive behavior.
- **Feedback to health care facilities:** Providing positive feedback about nurses and nursing care to health care facilities and community organizations not only recognizes and validates the hard work of nurses but also reinforces to health care administrators the value of investing in their nursing workforce.

🔑 KEY RESOURCE NEEDS

💲 Nursing associations may need additional financial resources to implement any new outreach to health care consumers.

RECOMMENDATION #7

Quantify the value of nursing care

Nurses are indispensable to the health care system, providing patient care that is critical for positive health outcomes and ensuring the smooth operation of health care facilities. Despite their vital contributions, nurses often face challenges in having the financial value of their work appropriately recognized. These challenges permeate various aspects of the health care system, affecting organizational culture, workforce planning, and the overall morale and effectiveness of nursing teams. This is a complex issue rooted in systemic, organizational, and societal factors that undervalue nurses' contributions to quality patient care and community well-being.

One of the root causes of the undervaluation of nursing care is the structure of health care payments. Because nursing services are often not billable to health care payers, they can sometimes be viewed as an organizational expense. Likewise, in value-based care models that evaluate quality measures, there has been less attention given to quantifying the value that nurses add to patient care and outcomes and the consequences of inadequate nursing care.

It is also relevant to note the societal factors influencing how nurses are valued in the health care system. Traditionally nursing has been a female-dominated profession, potentially leading to influences of gender bias. Stereotypes and societal perceptions can contribute to the devaluation of nursing as a "support" rather than a critical, autonomous field within health care.

Some nurses express that they experience being undervalued through a lack of recognition and respect from organizational leadership. Some find that their expertise and insights can be overlooked in clinical decision-making processes, with their contributions minimized or ignored in favor of those of other health care professionals. This has led many nurses to feel marginalized within the health care team, affecting their job satisfaction and sense of professional worth.

Inadequate value placed on nursing care can result in a variety of impacts:

- Organizational decision-making processes that fail to recognize the critical role of nurses can result in inadequate staffing levels if leaders prioritize cost-saving measures. When nurses are stretched too thin, the risk of errors increases, and the ability to provide compassionate, patient-centered care decreases.

- Nursing departments may receive less funding for essential equipment, continuing education, and support services compared to other departments. This can hinder nurses' ability to perform their duties effectively and safely, affecting both their job satisfaction and the patient experience.

- Nurses can experience wage discrepancies that do not reflect the complexity, demands, and critical nature of their work.

- Organizational leadership that undervalues nursing can fail to provide adequate opportunities for professional development and career advancement. This lack of investment in nurses' professional growth not only affects individual careers but also the overall quality of patient care.

Demonstrating the direct link between nursing care and patient outcomes can bolster the argument for better financial valuation. Research and case studies that illustrate how nurses contribute to cost savings, reduced readmission rates, and improved health outcomes can support this goal.

The Task Force on the Future of the Nursing Workforce recommends the following strategies to quantify the value of nursing care:

Strategy 20 – Use value-based payment and develop mechanisms to quantify the importance of nursing in quality care (Page 114)

Strategy 21 – Explore opportunities for nurses related to National Provider Identifier (NPI) numbers (Page 116)

Related Recommendations from Other Groups

Nurse Staffing Task Force. Nurse Staffing Task Force Imperatives, Recommendations, and Actions. American Association of Critical-Care Nurses and American Nurses Association; 2023

- **Recommendation: Advocate for the development and utilization of approaches that quantify nursing impact on organizational performance and outcomes**

- **Recommendation: Advocate for universal adoption and utilization of systems, including a unique nurse identifier, that capture data to quantify nursing value**

- **Recommendation: Collaborate with payers to explore health system payment models that reflect the value of nursing**

Strategy 20
Use value-based payment and develop mechanisms to quantify the importance of nursing in quality care

Strategy 20.1 North Carolina health insurance plans and payers and NC Medicaid should incorporate nationally recognized nurse-sensitive indicators for acute and ambulatory settings as part of quality measures for providers engaged in value-based payment arrangements. To start, this should focus on quality measures that are already being measured.

Strategy 20.2 The North Carolina Department of Health and Human Services, in partnership with nursing workforce researchers, should evaluate nurse-sensitive quality indicator data across providers to identify trends in staffing policies and team-based care approaches that are most supportive of higher quality.

Desired Result
Data on quality of care will reflect the value that nurses bring to patient care.

Why does the task force recommend this strategy?
Nurse-sensitive indicators (NSI) can directly reflect the quality and safety of patient care, which are core to value-based health care. Measuring and monitoring these indicators can help health care providers identify areas for improvement in patient care and mechanisms to reduce the cost of care. More to the point of the task force's recommendation, monitoring NSIs can highlight the critical role of nursing in patient care, acknowledging that nurses are integral to achieving positive health outcomes. Integrating these indicators supports a holistic approach to patient care, emphasizing the importance of teamwork, patient-centeredness, and the contribution of each health care professional.

Context
NSIs are metrics that gauge the quality and effectiveness of nursing care and its impact on patient outcomes. These indicators include health complications, staffing levels, nursing satisfaction, and patient satisfaction. NSIs can be used in value-based payment arrangements, which prioritize outcomes, quality, and efficiency over the volume of services provided.

Research suggests that improving nurse-sensitive indicators can enhance patient experiences and outcomes, leading to higher performance scores and potentially greater reimbursements under value-based care arrangements.[11] Thus, investing in nursing care by focusing on these indicators not only improves patient care but also aligns with the financial objectives of health care organizations transitioning to value-based payment models.

NSIs are most commonly attributed to acute care settings as these measures can be difficult to identify for ambulatory care settings. This is in part because of the nature of practice and nursing roles not being standardized in ambulatory care. However, in 2013, a task force commissioned by the American Academy of Ambulatory Care Nursing produced a report that describes:

- The evidence behind NSIs in ambulatory care.
- Existing NSIs with recommended changes for more meaningful use in ambulatory care.
- 13 newly proposed measures that uniquely reflect the role of the RN in the ambulatory care setting.[12]

Examples of Nurse-Sensitive Indicators

Structure	Process	Outcome
• Nurse turnover	• Advance care planning	• Assaults
• Patient volume and flow	• Body mass index screening and follow-up	• Catheter-associated urinary tract infections
• Patient contacts	• Care coordination	• Multidrug-resistant organisms
• RN education/specialty certification	• Depression screening and follow-up	• Pain impairing function
• Staffing and skill mix	• Diabetes care	• Patient falls
• Workforce characteristics	• Hypertension screening and follow-up	• Pediatric peripheral intravenous infiltrations
	• Restraints	• Pressure injuries
	• Suicide risk screening and follow-up	• Ventilator-associated events

Source: PressGaney. Your comprehensive guide to the Press Ganey National Database of Nursing Quality Indicators (NDNQI). https://info.pressganey.com/press-ganey-blog-healthcare-experience-insights/your-comprehensive-guide-to-the-press-ganey-national-database-of-nursing-quality-indicators-ndnqi

Many NSIs are already tracked as standard quality metrics. This is important to note, as documentation burden can be a significant challenge for nurses and there is little interest in adding additional data collection or documentation. Health care institutions can also use data analytics tools to extract and analyze information related to NSIs from existing datasets. By doing so, organizations can identify trends, areas for improvement, and the impact of nursing care on patient outcomes without needing extra documentation. Another approach is to align NSIs with already mandated quality measures and reporting systems. This alignment ensures that data collection serves multiple purposes, including regulatory compliance and quality improvement. For example, if a quality measure focuses on patient falls, the same data can be used to analyze the relationship to nurse-sensitive aspects such as staffing levels and nursing interventions.

USING NSIS TO INDICATE THE VALUE OF NURSING CARE

Data from nurse-sensitive indicators can be powerful in showcasing the value that nurses bring to health care, since they can directly reflect the quality of care and patient outcomes influenced by nursing activities. By analyzing trends and outcomes associated with these indicators, researchers can:

1. **Demonstrate Nursing Impact on Patient Outcomes:** Data showing improvements or stability in areas such as reduced infection rates or enhanced patient recovery times can directly correlate to the quality of nursing care.

2. **Identify Optimal Staffing Models:** By linking patient outcomes to staffing levels and skill mix, organizations can make data-driven decisions about staffing needs. This can help justify the allocation of resources toward nursing and support the implementation of staffing models that optimize patient care and nurse well-being.

3. **Highlight Areas for Improvement:** Data from NSIs can identify areas where nursing care can be enhanced, guiding targeted interventions and training programs.

4. **Support Advocacy and Policymaking:** Evidence from NSIs can be used to advocate for policy changes at both the institutional and governmental levels.

5. **Financial Implications:** Data linking nursing care to cost savings, such as through reduced hospital readmissions or shorter lengths of stay, can highlight the economic value nurses bring to health care institutions.

Strategy 21
Explore opportunities for nurses related to National Provider Identifier (NPI) numbers

Strategy 21.1 All NC RNs should obtain an NPI to elevate and recognize them as clinicians providing vital services to patients.

Desired Result
Elevate the recognition and visibility of RNs within the health care system by enabling accurate tracking of their contributions to patient care.

Why does the task force recommend this strategy?
Increased use of National Provider Identifier (NPI) numbers for RNs could facilitate more direct billing for nursing services, potentially opening new avenues for nurses to contribute to patient care. While possession of an NPI number would not change reimbursement within the current system, it is an important first step. Having an NPI number could streamline the process of documentation and communication across health care systems, improving efficiency and reducing administrative burdens. Ultimately, this recognition supports the professionalization of nursing, acknowledges nurses' critical role in patient care, and can lead to broader opportunities for nurses in various health care settings, enhancing workforce flexibility and the overall quality of patient care.

Context
NPI numbers serve as unique identifiers for health care providers, facilitating efficient data transmission and tracking across health care systems.[13] These 10-digit numbers are utilized by a wide range of relevant parties, including health care organizations, insurance companies, and government agencies. NPIs are available for registered nurses, advanced practice registered nurses (APRNs), physicians, dentists, chiropractors, and psychologists, among others. They are crucial for billing, claims processing, and maintaining accurate patient records. Importantly, NPIs are standardized across health care professionals and are transferable across state lines, ensuring seamless integration into national databases. Currently, very few RNs have an NPI, however participation in this data system "would enhance our understanding of the nurse workforce and its contributions to safe, effective, high-quality care".[14]

> **"In the current healthcare climate, invisibility in data equals invisibility, period."**
>
> -Chan et al. An overview and policy implications of national nurse identifier systems: A call for unity and integration. Nursing Outlook. 71(2), March 2023. https://doi.org/10.1016/j.outlook.2022.10.005

Applying for an NPI is a straightforward process that is free, fast, and easily accessible. Nurses can either apply individually or have their organization apply on their behalf. The Centers for Medicare and Medicaid Services (CMS) oversees the enrollment process through the National Plan and Provider Enumeration System (NPPES), and applications are typically processed within 1 to 20 days. Additionally, nurses can begin the application process while still students, streamlining the transition to professional practice.

In a health care landscape where data visibility is paramount, obtaining an NPI can be an effective way for nurses' contributions to be recognized and valued. By having unique identifiers, nurses' individual and collective contributions to patient care outcomes can be accurately tracked and acknowledged. This aligns with the recommendations of the **National Academies of Sciences, Engineering, and Medicine,** which underscore the importance of tracking nurses' contributions for achieving health equity.

> **"[H]ospitals and health systems need the ability to identify nurses in the EHR [electronic health record] enterprise resource planning system (ERP), and other health IT systems for documentation, education, research and training purposes; nursing documentation in the EHR, ERP, and other health IT systems can demonstrate nurses' value as healthcare transitions to a value-based reimbursement model; nursing documentation can demonstrate nurses' value and impact on improving patient/population outcomes, patient safety, operational efficiency and clinical effectiveness; nurses and employers need a mechanism to track nursing licensure across job and location changes; institutions need the ability to verify licensure status for their nurse employees."**
>
> -University of Minnesota. Nursing knowledge: 2018 big data science. Conference conducted at the University of Minnesota, June 13–15, 2018. https://www.nursing.umn.edu/sites/nursing.umn.edu/files/nkbds_proceedings_2018.pdf

While specific examples may vary, numerous nurses across different specialties and settings have successfully obtained NPIs. For instance, nurses working in federally funded programs, home health, long-term care, and research within health care systems are among those who benefit from NPI enrollment. **The following are some possible use case scenarios for RNs with NPIs.**

Attribution of work to understand quality of care, the value and contributions of nursing, and reimbursement models

- "Any of the services nurses can provide in ambulatory, community, and primary care settings are billable if nurses have an NPI. There is a growing body of evidence highlighting the potential roles of RNs in primary care, including preventive care, chronic illness management, practice operations, care management, and hospital transition care. Needleman, 2017 points out that RNs practicing in primary care can bring significant income into this practice setting, far above the cost of RN employment. Further, RNs in the outpatient community, and primary care settings are practicing more autonomously, leading case management, managing patient panels, and coordinating complex care."[15–17]

- "[A] nurse identifier would allow the nursing profession to expand its impact in the context of interdisciplinary teams in various types of practice settings. Using common, consistent, and accessible identifiers across provider types allows employers, researchers, and policymakers to understand specific team configurations in relation to specific types of population needs and could lead to greater efficiency and effectiveness. The NPI allows nursing to join an interprofessional identifier system, one that would enhance visibility in healthcare and health services research and increase the likelihood of future models of interprofessional care optimizing the scope of nursing practice."[14]

Credentials and privileges to understand scope of services and scope of practice

- "Attribution data cross-referenced with workforce data can help articulate the scope of services and scope of practice of nurses and advanced practice registered nurses to inform policy and education in various types of practice settings."[14]

Evaluation of the impact of federal dollars, grants, scholarships, and loans on the nursing workforce to support future funding

- "The Health Resources and Services Administration (HRSA) is supportive of the expansion of NPIs to nurses because it would allow them to track clinicians over time and assess the impact of grants/loan/scholarship programs. This would help them build links between education, training, and healthcare service in various types of practice settings. Such linkages would empower HRSA and the nursing community to demonstrate the value and reach of these workforce programs and support future funding."[14]

KEY RESOURCE NEEDS

Employers of nurses can help increase awareness of RNs about how to obtain an NPI.

This effort may require organizations such as the Board of Nursing, nursing associations, schools of nursing, and NC AHEC to partner in a campaign encouraging RNs to obtain NPIs.

RECOMMENDATION #8

Optimize payment for health care services to support nursing care

Optimizing payment for health care services such as school health, primary care, long-term care, and public health is crucial to supporting the nursing workforce and ensuring the delivery of high-quality care. This optimization is important for several reasons:

- **Attracting and Retaining Nursing Talent** - Competitive compensation is essential for attracting and retaining skilled nurses. Adequate payment structures reflect the value and importance of nursing services, encouraging professionals to enter and remain in the field. This is particularly vital in settings outside of acute care, where the demand for nursing services is high but the pay has traditionally been lower.

- **Supporting Expanded Roles** - Nurses increasingly take on expanded roles in health care delivery, including preventive care, chronic disease management, and community health initiatives. Optimizing payment for services in primary care, school health, and public health acknowledges these expanded roles and provides the necessary resources for nurses to effectively contribute to these areas.

- **Improving Access to Care** - Adequate payment for health care services can help health care facilities, including long-term care and school health programs, staff their operations sufficiently with qualified nurses. This directly impacts patient access to care, ensuring that individuals receive timely and appropriate services, which is especially important in underserved and rural areas.

- **Facilitating Professional Development** - Optimal payment structures can provide resources for ongoing professional development and education for nurses. This is essential for keeping the nursing workforce up to date with the latest health care practices and technologies.

Adequate payment for health care services across various settings is essential for supporting the nursing workforce. The employment of nurses is an important component of how payments for services are allocated, directly affecting competitive compensation and staffing priorities, retention of skilled and experienced nurses, and ultimately access to quality of care for patients. The Task Force on the Future of the Nursing Workforce recommends the following strategies for optimizing payment for health care services to support nursing care:

Strategy 22 – Increase funding to support school nursing (Page 119)

Strategy 23 – Use funding mechanisms to support the long-term care nursing workforce (Page 122)

Strategy 24 – Promote RN billing in primary care (Page 124)

Strategy 25 – Expand the state budget in key shortage areas for nursing care (Page 127)

Strategy 22
Increase funding to support school nursing

Strategy 22.1 Implement state policies and practices that support schools in billing Medicaid to provide additional funding for school nurses.

Strategy 22.2 The North Carolina Department of Health and Human Services, North Carolina Department of Public Instruction, and North Carolina Department of Insurance should partner to produce a report exploring additional methods of funding school nursing, such as private health insurance and tax revenue. The North Carolina General Assembly should consider these additional options.

Desired Result

Increased financial support for school nurses in North Carolina through:

- Reduction in administrative burdens, enabling schools and public health departments to optimize Medicaid reimbursement for nursing services, and
- Identification of additional avenues to supplement current funding for school nurse salaries and other support to make these positions more competitive.

Why does the task force recommend this strategy?

Currently, school nurses face significant funding challenges and are often overwhelmed by the demands of serving large populations of students. There is an opportunity to help address this challenge with new guidance from the Centers for Medicare & Medicaid Services (CMS), which offers a streamlined approach to Medicaid funding for school health services, reducing administrative burdens while increasing financial support. By prioritizing improvements to the Medicaid reimbursement process for school nurses, North Carolina can improve access to quality health care services for students across the state. In addition, exploring supplementary funding sources is imperative given the indispensable role school nurses play in promoting the health and well-being of students.

Context

IMPORTANCE OF SCHOOL HEALTH SERVICES AND SCHOOL NURSES

School health services are vital for ensuring the health and well-being of students, especially considering the significant amount of time students spend in educational settings. School nurses operate as integral members of a broader interdisciplinary team that includes counselors, social workers, and psychologists. Their role encompasses identifying and addressing acute health needs, managing chronic health conditions, providing health education, and developing policies to cultivate healthy school environments.[18] School nurses serve as key agents in identifying and addressing unmet health needs that can negatively impact a child's mental health, behavior, and academic attendance and performance.[19–22] They can also contribute to savings on health care costs by managing conditions from within the school, which can help avoid unnecessarily sending children home or to the hospital.[22,23] School health services can also bridge the gap for lower-resourced populations, such as those in rural settings where health care provider availability, transportation, and

time off from work present barriers to accessing health care services.[24,25] Notably, a cost-benefit analysis estimated that for every dollar invested into school nursing, there was a $2.20 gain in savings through reduced medical care costs and parent and teacher productivity costs.[26] Similarly, a Brown University survey indicates that teachers prioritize increased access to school counselors and nurses over salary raises or reduced class sizes, recognizing the invaluable contribution of health care professionals in mitigating teacher burnout and improving overall student well-being.[27] However, despite the many important contributions of school nurses, including improving access to health services for students and reducing teacher burnout, only 66% of schools nationally have access to a full-time school nurse.[28]

> A Brown University survey indicates that teachers prioritize increased access to school counselors and nurses over salary raises or reduced class sizes, recognizing the invaluable contribution of health care professionals in mitigating teacher burnout and improving overall student well-being.
>
> *-Lovison VS, Mo CH. Investing in the Teacher Workforce: Experimental Evidence on Teachers' Preferences. Brown University. https://edworkingpapers.com/sites/default/files/ai22-528.pdf*

17%-19% of students in NC receive services related to chronic health conditions like asthma or diabetes while at school

48% of school nurses serve more than one school; **12%** serve more than two schools

60% of schools in NC do not meet the recommended standard* of one school nurse for every 750 students

Recommended standard adopted by the General Assembly in 2004 as a goal for the state. Source: North Carolina Department of Health and Human Services. North Carolina Annual School Health Services Report Brochure 2020-2021. https://www.ncdhhs.gov/20-21annualshsbrochurepdf/open; Hoban, R. What is The Right Number of School Nurses for North Carolina? NC Health News. https://www.northcarolinahealthnews.org/2018/02/16/school-nurses-number-story/

EMPLOYMENT DYNAMICS AND CHALLENGES

Despite their crucial role in promoting the well-being and academic success of students, school nurses encounter significant challenges in their profession. One of the primary hurdles is recruiting an adequate number of nurses. Budgetary limitations lead to comparatively low pay, with one estimate of a median annual wage of $58,530 for a nurse employed in a public school versus $75,030 for their peers employed by hospitals.[29,30]

In North Carolina, 52% of school nurses are directly employed by the local public school unit (PSU) and another 43% are contracted through the local health department. The remaining 5% of school nurses are employed by a hospital or health alliance.[31] This decentralization results in salary disparities across districts, with wealthier areas having the ability to supplement salaries, making school nurse positions in those regions more competitive.

The role of school nurse requires a significant level of confidence, autonomy, and skill.[28] School nurses may feel stretched thin and overworked as they manage high caseloads of students, often traveling between multiple schools, without coverage to take time off work. Additionally, misconceptions surrounding the role persist, with many unaware that school nurses have specialized training and certifications and must possess a diverse skill set encompassing chronic disease management, health education, and population health monitoring.

CURRENT MEDICAID REIMBURSEMENT FOR SCHOOL HEALTH SERVICES

The process of receiving Medicaid reimbursement for school health services is complex and nursing services are often not included. However, many school nurses are already performing many services that could be reimbursed by Medicaid, such as helping families enroll in Medicaid, coordinating services with community providers for students, vision and hearing screenings, and diabetes and asthma management.[32] While Medicaid currently reimburses for some school health services, administrative challenges related to billing systems create barriers for PSUs and local public health departments to contract with Medicaid, which can be a disincentive to accessing these funds, especially for smaller or rural entities.[32] In one survey, a quarter of rural school districts indicated they no longer participate in the Medicaid program because they *lost money* due to the cost of complying with paperwork. Even though nurses often provide reimbursable services, PSUs and health departments rarely submit claims for nursing services and instead receive funding from the state. In contrast, other providers of school health services, such as psychologists and occupational therapists, do submit claims to Medicaid to help fund their positions, though their process is also complex and underused.[33]

THE TIME IS NOW: NEW CMS GUIDANCE AND STATE SCHOOL ELECTRONIC HEALTH RECORD

In May 2023, CMS released new guidance related to school health services and Medicaid billing with the goal of decreasing administrative burden and increasing reimbursement levels, especially for rural and under-resourced schools.[34] **The additional Medicaid funds are estimated to bring in millions of** *additional federal dollars* **for school-based services.**[35–37] Because school Medicaid is carved out of the regular Medicaid program, current state school funding contributions count as the needed matching dollars, meaning **North Carolina will not have to contribute additional Medicaid funds.**[38] North Carolina will need to pass a state plan amendment (SPA) to comply with the new rules regardless, presenting an opportunity to examine billing processes to make meaningful and thoughtful changes in support of those who provide school health services. Because schools and public health departments rarely receive Medicaid reimbursement for nursing services, they will need more support to develop billing processes that do not add additional burden to the nurses.

This funding also has the potential to help schools with the students most in need by reducing the administrative burden for them to participate in Medicaid reimbursement. Schools with more students enrolled in the Medicaid program could also receive more funding as reimbursement is partially based on the percentage of students who are Medicaid eligible. Additionally, the Medicaid funding that supports one school nurse can benefit the entire school district, not just the students eligible for Medicaid.

In 2023, North Carolina released a new statewide electronic health record (EHR) for schools. This EHR has the potential to improve care by making information more accessible for students who transfer schools and by streamlining billing. Ideally, nurses should be able to chart students' care as they normally would in the EHR, and billing professionals who are submitting claims on behalf of other professionals should be able to pull data from the EHR for nurses as well.

SPECIFIC RECOMMENDATIONS

When NC Medicaid submits a SPA to reflect the new CMS rules, they should adopt the flexibilities allowed in CMS guidance from May 2023[b] regarding Medicaid funding for school-based services.[c] Components of the SPA should include:

- More types of providers reimbursed for services
- Coverage for all services within a given provider's scope of practice
- Removal of requirement for physician authorization for medical necessity and defer to scope of practice to authorize services
- Presence of a plan of care by a school nurse, but no formal IEP/504/BIP is required
- Methods to reduce the administrative burden associated with billing
- A small portion of the anticipated increase in federal reimbursement should go toward technical assistance to support administrative costs of billing. (Possible partner for technical assistance is NC AHEC.)

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[b] *The CMS guidance from May 2023 can be found at https://www.manatt.com/Manatt/media/Documents/Articles/CMS-SBHC-Guidance_2023-08_b.pdf*

[c] *Examples of SPAs related to Medicaid and school-based services can be found at https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/medicaid-and-school-based-services/technical-assistance-materials/index.html*

IDENTIFYING ADDITIONAL FUNDING SOURCES FOR SCHOOL HEALTH

There is an opportunity for private/commercial insurance payers to reimburse for school health services, especially if Medicaid billing can be streamlined as outlined in Strategy 22.1. For instance, in 2023 New York Governor Kathy Hochul pursued legislation requiring commercial insurance providers to reimburse for school-based services at rates comparable to Medicaid.[39]

Moreover, since state budgets are typically the primary funders of educational services, including school nurses, states such as Colorado, Nevada, California, and Oregon have bolstered educational funding through additional tax revenue, from sources such as recreational marijuana sales, property taxes, and state income tax.[40–45]

Considerations should be made for equitable distribution of funds to districts with the greatest need. These could include the number of students receiving free or reduced lunch, number of children with medically complex needs, types of interventions needed, experience level, number of students and distance between school buildings, public health needs assessment, etc.

ADDITIONAL OPPORTUNITIES TO SUPPORT SCHOOL NURSES

- Creating a position specifically dedicated to school Medicaid and/or additional positions in the School Health Nurse Consultant Team.[46]

- Support programs such as Every Student Counts, which is working to quantify the unique contributions of school nurses through a robust school health data set (of school-nurse-sensitive indicators) to support school nursing policy decisions.[47]

- Support innovations that can free up time for the existing school nurses so they can help more students. For example, in one California district, school nurses established a telephone triage help line. Nurses rotate the on-call position, typically receiving between 30 and 50 calls per day.[48,49]

🔧 KEY RESOURCE NEEDS

$ Funding for personnel and technical assistance for research is needed for drafting the SPA, rolling out new billing systems, and ensuring the EHR functions as intended.

👥 Technical assistance is needed for local public school units, public health departments, and school nurses (and other school-based providers) regarding implementation of the new rules.

Strategy 23
Use funding mechanisms to support the long-term care nursing workforce

Strategy 23.1 NC Medicaid should consider and/or implement policies that help address the long-term care nursing workforce shortage to ensure quality of care, by:

a) Considering the impact that transitioning to Medicaid managed care for dual eligibles would have on the nursing workforce and making efforts to ensure any transition does no harm to that workforce nor makes it harder to grow that workforce.

b) Piloting a proposal-based incentive program directed at improving the workforce.

c) Evaluating the overall funding and reimbursement levels for long-term services and supports (LTSS) (e.g., nursing facilities, home- and community-based services, etc.) to ensure they are adequate to support and attract a sufficiently sized nursing workforce to provide high-quality LTSS to North Carolinians who need those services.

Desired Result
Ensure quality of care for long-term services and supports (LTSS) by addressing the nursing workforce shortage through policy considerations and incentive programs.

Why does the task force recommend this strategy?
The task force advocates for this strategy due to the critical role nurses play in providing LTSS, particularly in long-term care (LTC) facilities, the growing need for LTSS, and the persistent challenges of recruitment and retention in the nursing workforce. Additionally, the strategy aligns with the goal of keeping an eye on high-quality LTSS amidst demographic shifts and health care transformations.

Context
NURSES IN LONG-TERM CARE
Nurses are central to LTC facilities, providing comprehensive care that includes assessment, medication administration, wound care, emotional support, and coordination with other health care professionals. Nationally, nurses comprise about 16% to 34% of the workforce in LTC and function as the leaders of day-to-day care, supervise direct care workers, and ensure the quality of care and residents' quality of life.[50] In LTC settings, staff are disproportionately women, people of color, and immigrants.[51] Nurses with an associate degree are more likely to work in LTC and home care/hospice, with around half of LPNs and 8% of RNs in North Carolina working in these settings.[52]

GROWING NEED FOR LONG-TERM CARE WITH AGING POPULATION
North Carolina, like many states, faces an increasing demand for LTC services due to an aging population. North Carolina ranks 9th nationally for the number of people aged 65 years and older. With advancements in medical care prolonging life expectancy, the oldest age group (85+ years) is expected to grow by over 114% in the next two decades. Additionally, LTC facilities are increasingly providing a higher level of care, which requires adequate nursing staff to meet patients' complex needs. For older adults who are not in residential long-term care, many will require some form of LTSS in a home or community setting.

FUNDING MECHANISMS IMPACTING NURSING WORKFORCE
State Medicaid programs are the primary payers for LTC. Adequate funding is essential to ensuring sufficient staffing levels and competitive salaries. However, current payment rates for LTC services can be a limiting factor for competitive wages and other recruitment and retention strategies outlined elsewhere in this report. As a result, LTC facilities with a higher proportion of residents paying through Medicaid may have more challenges with quality, and research has shown that residents of color are more likely to live in those facilities.[53] Other states, such as Illinois, have passed legislation to improve Medicaid rates and determine payment according to performance across key quality metrics, including staffing measures.[54]

EXPLANATION OF CMS PROPOSAL FOR STAFFING STANDARDS IN NURSING FACILITIES
The Centers for Medicare & Medicaid Services (CMS) has proposed guidelines for staffing ratios in nursing facilities to enhance resident safety and improve quality of care, which are based on the CMS Nursing Home Staffing Study, published in 2023.[55,56] The proposed CMS staffing standards were discussed earlier in the report, see Page 99 for more information.

Possible LTC Models to Support Workforce

The Institutional Special Needs Plan (I-SNP) model, tailored for long-stay nursing home residents within Medicare Advantage programs, integrates on-site nurse practitioners supervised by medical directors. I-SNPs are a possible model for reducing costs and improving care, with one study showing a 51% reduction in emergency department visits and a 38% reduction in hospitalizations.*,** Reports from people within the industry also indicate higher job satisfaction among nurses and greater satisfaction with care among residents. Provider-led I-SNPs can also generate an additional source of income for LTC companies, allowing them to have more revenue to invest in maintaining staffing levels and quality of care.***

As North Carolina progresses through ongoing health care transformation efforts that aim to align incentives and enhance care for individuals who are eligible for both Medicare and Medicaid (dual-eligibles), the effective components of the I-SNP model should be considered.**** Piloting an Aligned I-SNP model tailored to serve the needs of nursing home residents is one approach for integrating Medicare and Medicaid. Such an approach may also yield benefits for the nursing home workforce.

*Schotland, et al. Medicare Payment Policy for Post-Acute Care in Nursing Homes. Penn Leonard Davis Institute of Health Economics. https://ldi.upenn.edu/wp-content/uploads/2023/09/Penn-LDI-Issue-Brief-September-2023_FINAL.pdf
**McGarry BE, Grabowski, DC. Managed Care for Long-Stay Nursing Home Residents: An Evaluation of Institutional Special Needs Plans. Am J Manag Care. 2019;25(9):438-44. https://ajmc.s3.amazonaws.com/_media/_pdf/AJMC_09_2019_McGarry%20final.pdf
***Stubbs, F. (2023, February 9). Revenue-boosting strategies for a struggling SNF industry. McKnight's Long-Term Care News, NA. https://link.gale.com/apps/doc/A737059182/AONE?u=anon~cfa8216d&sid=googleScholar&xid=092bf16c
****Duke Margolis Center for Health Policy. North Carolina Medicare-Medicaid Integration: Advancing Whole-Person Care. October 2022. https://healthpolicy.duke.edu/sites/default/files/2022-10/NC%20Medicare-Medicaid%20Integration%20Advancing%20Whole-Person%20Care_2.pdf

KEY RESOURCE NEEDS

In 2024, CMS and the Health Resources and Services Administration (HRSA) will be investing over $75 million to bolster the LTC workforce through financial incentives like scholarships and tuition reimbursement. North Carolina should leverage these funds once the mechanisms for doing so are announced, potentially applying for state participation and/or assisting individuals and nursing facilities in effectively accessing these resources.

Strategy 24
Promote RN billing in primary care

Strategy 24.1 The North Carolina Area Health Education Centers (NC AHEC) should develop and disseminate a course related to inclusion of RNs on primary care practice care teams, with information about scope of practice, patient outcomes, and revenue generation.

Desired Result
More primary care practices in North Carolina will employ the services of registered nurses (RNs) to provide care that is within their standard scope of practice and billable to insurance payers.

Why does the task force recommend this strategy?
Integrating RNs into more primary care settings can improve access to care and care quality for patients. Barriers to increasing the use of nursing services in primary care may include a lack of awareness of RN scope of practice and related opportunities to bill for services. The task force seeks to encourage primary care practices to capitalize on the full scope of practice that RNs are capable of providing. In addition, billing for RN services can generate additional revenue for their practice. This financial compensation recognizes RNs' expertise and contributions and elevates the status of nursing within the health care team. NC AHEC is a natural partner in this work as it currently engages in a variety of practice supports.

Role of RNs in Primary Care

"BSN-RNs represent an untapped resource in primary care, and the holistic approach that nursing practice provides can contribute to improved patient outcomes. For example, BSN-RNs use critical clinical judgement skills to help the medical team address patient-centered health goals, identify and address social determinants of health, ameliorate health literacy issues, and support the medical treatment plan. In addition, they perform patient education, population health data analytics, telephone triage, quality improvement, patient coaching, care coordination, and advocacy to support client self-management and care management. One of the most valuable ways in which the role can support practice viability and outcomes is through Medicare Annual Wellness Visits, which are within the RN scope of practice. BSN-RNs also contribute to behavioral health integration using health assessments and other interventions, and they serve as leaders to promote teamwork and collaboration via relational and communication skills that guide the team in coordinated care delivery."

-Dolansky MA & Livsey KR. Preparing RNs for emerging roles in primary care. American Nurse Journal. October 2021. https://www.myamericannurse.com/wp-content/uploads/2021/10/an10-Primary-Care-4-924.pdf

Context
Fee-for-service is the primary payment mechanism for primary care practices, with only 6.7% of total revenue in primary care practices coming from value-based contracts in 2021.[57] Much of the payment for services is centered on care provided by a physician or other qualified health provider (QHP) who can independently diagnose, treat, and bill. For purposes of billing, RNs, LPNs, and other licensed and non-licensed staff are considered clinical or auxiliary staff.[57] Under this model, licensed nurses have not been specifically identified as qualified providers of services, and instead are considered support staff. There are a variety of opportunities for ambulatory practices to bill for services that fall within the independent scope of practice for RNs.

A Business Case for RNs in Primary Care

"An expanded role for RNs in primary care may require more RN staff. The business case question is whether the additional costs of staffing can be offset either with higher revenues or cost reductions in other areas. The answer to these questions will differ depending on whether the practice is operating under a FFS revenue model, a capitated model, or other value-based purchasing model. Practices increasingly operate under multiple models of payment and may tailor services provided depending on the financial incentives. For example, they may offer case management services to all patients, but aggressively promote these for patients seen under risk contracts. Similarly, they may focus hospital transition services intended to reduce readmissions on patients under capitation or shared savings contracts such as ACO agreements."

Source: Preparing Registered Nurses for Enhanced Roles in Primary Care - Expanding The Role Of Registered Nurses In Primary Care: A Business Case Analysis. Jack Needleman, PhD. June 2016. Pages 113-139. https://macyfoundation.org/assets/reports/publications/macy_monograph_nurses_2016_webpdf.pdf

BASICS OF BILLING IN PRIMARY CARE
There are detailed specifications for how services are billed in primary care and who can bill for different types of services.[d] Some basics of these billing details include:

- Healthcare Common Procedure Coding System (HCPCS) codes are used in conjunction with Current Procedural Terminology (CPT) codes to describe and report medical procedures and some other medical services.

- Evaluation and Management (E/M) codes are used to bill for services in outpatient or ambulatory care settings.

- Coding based on number and complexity of patient issues assessed during a visit, medical decision-making, or total time required for the service.

- Distinctions are made between new and established patients.

- There are requirements that must be met for nurses and other clinical staff to provide billable E/M services.[57]

[d] For a useful resource about billing specifications, access: Witwer SG, Mattson A, Jessie AT. Registered Nurse Billing in Primary Care. Nursing Economics. July/August 2023. 41(4):200-207. https://www.aaacn.org/sites/default/files/documents/RNBilling.pdf

EXAMPLES OF BILLABLE NURSING SERVICES IN PRIMARY CARE

CPT and/or HCPCS codes commonly billed by nurses in primary care include:[57]

- **Code 99211** – The only CPT code "that allows RNs and clinical staff to bill for direct services without the presence of a QHP" and can be used for evaluation or management of established patients; this code includes a requirement for assessment, which would be appropriate for an RN but not for other non-licensed staff. Practices should consult CMS guidance on requirements for billing under this code.

- **Minor Procedures** – Procedural codes can be used for minor procedures like injections, ear washes, and catheterizations that "occur either as part of a QHP visit or at a separate nurse visit".

- **Care Management Services** – These services can include "communication, coordination of care with community or other specialty care, assessment, education, counseling, brief intervention, management of care transitions, and development, evaluation, and review of a comprehensive plan of care". Because of the holistic approach and broad education that nurses possess, they are well suited to lead care management teams to support patients between clinic visits.

- **Chronic Care Management** – Clinical staff may use CPT code 99487, 99489, or 99490 to bill for services related to care for patients with "two or more chronic conditions expected to last at least 12 months or the lifespan of the patient".

- **Principal Care Management** – Clinical staff may use CPT code 99426, 99427, or 99439 for services lasting at least 30 minutes that are "for patients with a single chronic condition or when services are focused on one high-risk condition".

- **Behavioral Health Integration** – Clinical staff may use CPT code 99492, 99493, 99494, or HCPCS code G2214 when providing services "for patients who continue to be treated by their primary provider, but their behavioral health diagnosis would benefit from a team approach".

- **Transitional Care Management** – Clinical staff may use CPT code 99495 or 99496 (depending on the complexity of service) to help address issues around transitions of care and prevention of unnecessary readmission.

- **Initial Preventive Physical Examination** – Clinical staff may use code G0402, G0403, G0404, or G0405 for the "Welcome to Medicare Preventive Visit"; visits "cannot be billed by RNs without a face-to-face component from the QHP".

- **Annual Wellness Visit** – Clinical staff may use codes G0438 or G0439 for the Medicare beneficiary wellness visits. Other than ordering of medical tests, the screening and education included in these visits fall within the scope of the RN's practice.

> ### Cost-Effectiveness of RN-Led Annual Wellness Visits
>
> With the exception of ordering tests or specialty referrals, the assessment, patient education, and development of a health promotion plan involved in an Annual Wellness Visit (AWV) all fall within the licensed scope of an RN. Under current Medicare rules, all billing is submitted incident to the provider.
>
> For each AWV completed (and correctly billed), the practice is reimbursed roughly $227 per visit. Based on 28 AWVs completed each month, a practice would receive around $6,356 in reimbursement with a net additional revenue of $5,222 per month after RN costs:
>
> - Estimated RN time spent (including pre-visit planning) of 1.5 hours per AWV
> - Estimated RN salary of $27 per hour
> - RN costs for AWVs = $1,134 per month
>
> Effort cost for a physician to conduct an AWV is substantially higher, thus reducing net revenue gained. Additionally, RN-led AWVs can provide enhanced access for walk-in or other appointments by eliminating the provider time that would be spent for a 40- to 60-minute AWV.
>
> Medical providers at rural health clinics and federally qualified health centers are required to have some time spent in a face-to-face encounter with the patient due to billing rules.
>
> *Source: Personal communication with task force member.*

KEY RESOURCE NEEDS

$ NC AHEC and its affiliated program sites will need financial resources to expand programming around practice supports for primary care.

??? Nursing students would benefit from more preparation to serve in primary care settings. In addition, nurses need better education about billing and payment models in primary care and other settings to effectively advocate and educate about the value they can bring to these settings.

Trade associations serving physicians and administrators in primary care settings can help to advocate for opportunities to integrate nurses into private practice and connect providers to AHEC supports.

Strategy 24
Promote RN billing in primary care

Strategy 24.2 North Carolina Medicaid and private payers should pilot coding processes that allow optimal use of RN services within primary care.

Desired Result
There will be more opportunities to financially support the inclusion of RNs on the primary care team to support value-based reimbursement goals and improve care coordination.

Why does the task force recommend this strategy?
The integration of RN-led services in primary care settings presents a valuable opportunity for Medicaid and private payers to enhance patient care while potentially reducing overall health care costs. Nurses can play a crucial role in supporting primary care services, such as enhanced care coordination and care management, especially among patients with chronic conditions. Increasing the opportunities to integrate RN-led services in these roles can present a positive business case for the practice and maximizes their ability to function to the fullest extent of their scope of practice.

Related Recommendations from Other Groups
Proceedings of a Conference on Preparing Registered Nurses for Enhanced Roles in Primary Care:

"Payers should develop alternative payment models—such as shared savings for reducing expensive hospital admissions, re-admissions, and emergency department visits—so that the work of all primary care team members, including RNs, adds value rather than simply increases expenses. In fee-for-service systems, specific RN-visit types, such as Medicare wellness visits and care coordination, should be reimbursed at a higher level. RNs should be encouraged to acquire a National Practitioner Identifier (through the National Plan and Provider Enumeration System) for both payment and tracking purposes."

-https://macyfoundation.org/assets/reports/publications/macy_monograph_nurses_2016_webpdf.pdf

Context
Medicaid and private payers can test opportunities to acknowledge services provided by RNs through the following mechanisms:

- **Value-Based Care Initiatives** - Nurses are well-positioned to manage chronic diseases, deliver preventive care, and coordinate care services, which are key components of value-based care. By financially incentivizing nursing contributions to these outcomes, payers can promote a more efficient, patient-centered approach to primary care that aligns with the goals of reducing hospital readmissions, improving health outcomes, and lowering costs.

- **Telehealth and Remote Care Services** - Nurses can effectively manage a wide range of primary care needs via telehealth, from chronic disease monitoring to providing mental health support. By reimbursing for these services, payers can increase access to care for populations that may face barriers to traditional in-office visits, such as those in rural areas or with mobility challenges. NC Medicaid should consider creating nurse-led intervention codes to capture RN inputs to care delivery.

- **Preventive and Wellness Services** - Nurses play a key role in delivering preventive services such as screenings, vaccinations, and health education, which can prevent more costly health care interventions down the line. By covering these services, payers can invest in the overall health of their members, reducing the incidence of preventable diseases and conditions.

- **Collaborative Care Models** - By reimbursing for services provided within team-based care models, Medicaid and private payers can leverage the unique skills and perspectives of nurses, physicians, and other health care professionals. This collaboration can lead to more comprehensive care plans, improved patient satisfaction, and better health outcomes.

"[M]uch of the work that RNs and other primary care team members currently perform is not directly reimbursable under the traditional fee-for-service payment model, meaning that new payment models are needed to facilitate the growth of primary care teams that include RNs."

- Proceedings of a conference on Preparing Registered Nurses for Enhanced Roles in Primary Care. June 2016. https://macyfoundation.org/assets/reports/publications/macy_monograph_nurses_2016_webpdf.pdf

Strategy 25
Expand the state budget in key shortage areas for nursing care

Strategy 25.1 The North Carolina General Assembly and other key funding entities should expand funding in areas of the state budget that will support nurses who make important contributions to keeping the state's population healthy. Increased funding is needed to create additional jobs in some places, and to increase wages in many areas to make roles more competitive and help fill current vacancies. In these areas, the General Assembly is the primary funding agency and adequacy of services is directly correlated to adequacy of funding. This would include increased funding with the following goals:
a) Ensure that a school nurse can be in every school and every Head Start program.
b) Increase access to home- and community-based nurse services, such as hospice, palliative care, home health, home care, and the Program for All-Inclusive Care for the Elderly (PACE).
c) Increase the number of public health nurses, especially in rural and lower-income communities.
d) Increase Medicaid reimbursement rates for long-term care.
e) Increase access to mental and behavioral health care in state facilities.

Desired Result
Health services supported through state funding will pay nurses a competitive wage, allowing them to provide effective care and services to the intended community or patient population.

Why does the task force recommend this strategy?
The North Carolina General Assembly plays a critical role in funding services that impact the nursing workforce, particularly in areas such as school health, public health, and long-term care. Inadequate funding for services results in the inability to pay competitive wages and maintain full staffing, which creates a cyclical challenge for recruitment and retention of qualified nurses.

Related Recommendations from Other Groups

The Future of Nursing 2020-30 Report:

Conclusion 6-2: Underfunding limits the ability of school and public health nurses to extend health care services and create a bridge between health care and community health. Adequate funding would enable these nurses to expand their reach and help improve population health and health equity.

https://nap.nationalacademies.org/catalog/25982/the-future-of-nursing-2020-2030-charting-a-path-to

North Carolina Caregiving Workforce Strategic Leadership Council:

Initiative #3: Improve employee retention and engagement - To increase the retention of the nursing workforce in North Carolina, two strategic approaches should be considered. In the short term, adjusting public sector nursing salaries to match inflation rates would help address immediate concerns and provide an incentive for nurses to remain in the workforce. Adjustments would also serve as an example for the private sector to follow.

https://www.ncdhhs.gov/investing-north-carolinas-caregiving-workforce-recommendations-strengthen-north-carolinas-nursing/download?attachment

Context

SCHOOL HEALTH

There were 128 school nurse positions vacant for longer than six months in North Carolina during the 2022–2023 school year.[58] School nurse salaries are an average of $20,000 less than those of nurses working in hospitals, making recruitment and retention a challenge.[59]

In 2021, members of the North Carolina House of Representatives proposed, though did not pass, legislation that would require at least one full-time, permanent school nurse in every school in the state.[60,61] The additional cost of employing a school nurse in all public schools was calculated by the General Assembly's fiscal research division to be $102 million per year, or around 1.5% of the total K-12 education budget in North Carolina.[62]

The 2023–2024 state budget includes an allotment of $347.4 million per year for the biennium to add about 120 nurses, counselors, social workers, and psychologists in schools across the state.[63] This is nearly equivalent to one new professional—though not necessarily a nurse—per school district.

HOME- AND COMMUNITY-BASED SERVICES
North Carolina's state budget provides funding to enhance, expand, or strengthen home- and community-based services (HCBS) through Medicaid. The goal of HCBS is to promote the health and well-being of individuals with functional limitations while also enabling them to live at home and alongside other community members. Nurses help provide these services through hospice, palliative care, home health, home care, and the Program for All-Inclusive Care for the Elderly (PACE).

Low payment levels for these services have an impact on the ability to adequately staff agencies with the workforce to provide them, including nurses. For example, the 2023–2024 state budget raised Medicaid reimbursement rates for private duty nurses from $45 to $52, however, administrative costs for employers take up much of that payment.[64] This leaves HCBS nurses making somewhere around $22.50 per hour, a rate that is much lower than wages available to nurses working in a hospital setting.[64]

PUBLIC HEALTH

Public health nurses "provide screenings for chronic disease, cancer, sexually transmitted disease, wellness assessments for children, prenatal, post-partum and newborn home visits, case management, nutrition education, and an array of other educational and prevention services".[65] Local public health is decentralized in North Carolina, with staff such as public health nurses being employed at the county level. The average salary for registered nurses in North Carolina in 2022 was $89,555, but health departments are not able to offer competitive salaries, with an average public health nurse salary of $63,835.[66,67]

In 2021–2022, state and federal funding for all public health in North Carolina was $137 per capita, placing North Carolina 44th in the nation compared to the national average of $183 per capita, and lowest in the South.[68] Local health departments in North Carolina are funded through a combination of federal, state, and local government appropriations, with the remaining portion of budgets covered through grants and fees for health care services. In 2019–2020, the state budget appropriated $49.9 million for local public health with only $11.3 million per year in state funds allocated for General Aid to Counties.[69] Limited funding continues to be a serious challenge to local health departments seeking to hire and retain staff. Total state funding to local health departments in North Carolina in General Aid to Counties is $15.6 million in FY 2023–2024 and FY 2024–2025 to be spread across the 86 health departments that serve the state's 100 counties.[70]

More information about the challenges faced by local public health in North Carolina can be found in the final report of the NCIOM Task Force on the Future of Local Public Health.[e]

LONG-TERM CARE REIMBURSEMENT

The North Carolina Medicaid reimbursement rate for long-term care has a significant impact on the nursing workforce. About two-thirds of all nursing home residents in the state have their care paid through Medicaid, which has the lowest rate of any payer.[71] Rates for Medicaid reimbursement are set by the state, with state dollars paying about one-third of the costs and federal funds making up the difference.

Low reimbursement rates have led to a shortage of skilled nursing staff, which has been a persistent problem in the state. NC Nursecast projects the greatest shortfall in the nursing workforce in the next 10 years will be in long-term care, which could see as much as a 38% shortfall in RN supply and 32% shortfall in LPN supply by 2033.[72]

MENTAL AND BEHAVIORAL HEALTH SERVICES

Psychiatric hospitals that responded to the North Carolina Sentinel Network survey in spring 2022 said they faced challenges with exceptionally long vacancies for RNs.[73] Unfilled positions have a direct impact on the ability to serve patients. For example, in 2022, 44% of RN positions with the Department of Health and Human Services were unfilled (411 vacancies), contributing to 2,341 fewer patients receiving care at state-run facilities in 2022 than in 2019.[74] Mental health facilities are often at full capacity because of the staff vacancies, despite having more beds available.[75]

The 2023–2024 state budget allocations related to improving access to mental health treatment in state facilities include:

- "$20 million in bonuses and incentive pay for workers in state psychiatric hospitals,

- Increased rates paid to mental health and substance abuse services providers, to the sum of $130 million over the next 2 years, and

- The construction of a $50 million regional children's behavioral health hospital, to be built somewhere in the Triangle area."[75]

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[e] *Find the final report from the NCIOM Task Force on the Future of Local Public Health at https://nciom.org/wp-content/uploads/2022/12/FLPH-Final-Report_12.30.2022.pdf*

Additional Resources

Strategy 20 – Use value-based payment and develop mechanisms to quantify the importance of nursing in quality care

- National Database of Nursing Quality Indicators – PressGaney
- Your comprehensive guide to the Press Ganey National Database of Nursing Quality Indicators (NDNQI) – PressGaney
- Ambulatory Care Nurse-Sensitive Indicator Industry Report – American Academy of Ambulatory Care Nursing

Strategy 22 – Increase funding to support school nursing

- CMS Issues Guidance on Medicaid and CHIP Services in School-Based Settings - Manatt
- Report to the Joint Legislative Oversight Committee: School Nurse Services – NC Department of Public Instruction
- Healthy Students, Promising Futures Learning Collaborative – Healthy Schools Campaign

Strategy 24 – Promote RN billing in primary care

- Registered Nurse Billing in Primary Care – Nursing Economics

CHAPTER 4 - REFERENCES

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CONCLUSION

The recommendations put forth by the NCIOM Task Force on the Future of the Nursing Workforce outline key activities needed to bolster current nurses and build a strong workforce for the future. Current nurses have withstood the trauma of the COVID-19 pandemic in addition to ongoing challenges that contribute to high rates of burnout and poor mental health and well-being. Implementing recommendations from the task force could significantly improve the practice environment, workplace culture, and organizational valuing of nurses, thereby improving satisfaction and retention. These outcomes, along with implementation of recommendations for expanded career pathways and educational program improvements, will also strengthen the development of the future nursing workforce.

The task force's call to action extends beyond the confines of this report; it is a call to continually reevaluate, adapt, and innovate in response to the evolving health care landscape and the changing needs of the nursing workforce. The journey toward a more robust, representative, and well-supported nursing workforce in North Carolina is ongoing, requiring persistent advocacy, strategic investment, and a collective commitment to the principles of equity and excellence in nursing education and practice. The future of health care in North Carolina hinges on our ability to heed these recommendations, adapt to emerging challenges, and seize opportunities to elevate the nursing profession for the benefit of all its residents.

"Our state's caregiving and health care workers not only help keep our children and families healthy, but they also keep our workforce healthy, which supports our businesses and keeps our economy strong... They are a vital part of our workforce, and their recruitment and retention are critical to North Carolina's future economic success."
- NC Commerce Secretary Machelle Baker Sanders, https://www.ncdhhs.gov/news/press-releases/2024/01/23/roadmap-strengthen-north-carolinas-caregiving-workforce

"What nurses need now is a radical transformation in all levels of support and resources they receive. We need everyone in positions of power and decision-making ability to invest in nursing. The fate of our health care system depends on it."
- Kate Judge, Executive Director of the American Nurses Foundation, https://www.nursingworld.org/news/news-releases/2023/the-american-nurses-foundation-says-action-is-still-needed-to-address-serious-nursing-workforce-challenges/

— PREPARING FUTURE NURSES —

RECOMMENDATION #1

Develop a strong and diverse nursing workforce that is representative of the communities served and is prepared to meet the growing health care needs of North Carolinians

Strategy 1
Expand early pathways to develop a nursing workforce that is representative of the population of North Carolina

Strategy 1.1 The North Carolina Nurses Association, North Carolina Future of Nursing Action Coalition, trade organizations representing employers of nurses, the North Carolina Department of Public Instruction, North Carolina Area Health Education Centers, the North Carolina Workforce Credentials Advisory Council, and health-related philanthropies in the state should collaborate to identify opportunities to partner with middle and high school counselors, career centers, and students to share information about health professional career paths—including the variety of pathways, degrees, and work settings for nursing.

Strategy 1.2 Employers of nurses should work with local public school units to develop nurse training Career and Technical Education programs in local high schools or increase capacity of existing programs.

Strategy 1.3 The North Carolina Future of Nursing Action Coalition should partner with myFutureNC, the North Carolina Association of Nursing Students, and the Health Occupations Students Association to develop a speakers bureau to partner with youth-focused organizations, including religious communities, community centers, and community-focused volunteer/philanthropic organizations (e.g., sorority/fraternity alumni organizations). The goal of this speakers bureau would be to provide information and guidance to middle and high school students about health professional careers in nursing. Speakers should receive training, key messages, and resources for students interested in learning more about nursing as a career.

Strategy 2
Increase nursing program collaboration, sharing of best practices, and connections with employers

Strategy 2.1 The Center on the Workforce for Health should convene a collaborative of North Carolina community college and university nursing programs to share academic best practices in addressing issues such as nurse faculty and student needs, pathway program support, and partnerships with local employers of nurses.

Strategy 2.2 University and community college nursing programs should commit to actively participating in the collaborative recommended in Strategy 2.1 with the goal of learning and sharing best practices and lessons learned to support nursing student success.

Strategy 3
Increase the number of North Carolinians graduating with nursing degrees by addressing faculty shortages

Strategy 3.1 Employers and educators of nurses, in partnership with the North Carolina Area Health Education Centers and the NC Health Talent Alliance, should collaborate to develop plans to align the demand for nurses with the ability of local institutions to educate nurses. These collaborations should identify shared investments and shared strategies to increase numbers of faculty to support education of nurses and increase graduation rates.

Strategy 3.2 The North Carolina General Assembly should leverage the information and plans developed through Strategy 3.1 to ensure there is an adequate number of nursing faculty in nursing programs and increase opportunities for innovative training solutions by:

a) Partnering with UNC system, community college system, and North Carolina private educational institution leaders to:

    i.   Increase salaries for nursing faculty and educators.

    ii.   Identify and increase incentives for nursing students at the graduate level to attract and educate individuals for nursing faculty positions.

    iii.   Identify and increase incentives for educators/preceptors in clinical settings to attract and train individuals for these positions.

    iv.   Allocate funds to support nursing schools' capacity to integrate evidence-based high-quality simulation experiences for nursing students.

b) Identifying and increasing incentives for institutions that develop, maintain, and financially aid academic and clinical partnerships in supporting nurse preceptors and the education of undergraduate and graduate nursing students.

Strategy 4
Improve retention and graduation rates of nursing students by supporting economic and material needs and enhancing academic supports

Strategy 4.1 University and community college nursing programs should develop connections to NCCARE360 and other resources specific to addressing nursing student material supports and needs.

Strategy 4.2 North Carolina's community college and university nursing programs, employers of nurses, and state trade associations should partner to develop more opportunities for immersive experiences or internships in nursing during the learning process that provide financial compensation for participating students.

Strategy 4.3 The North Carolina General Assembly should allocate resources for university and community college nursing programs to "provide nursing students with better access to counseling and tutoring, additional faculty to provide remediation services and sessions, and academic services to develop math, writing skills, and test taking skills would likely lead to increase retention".

Strategy 5
Enhance the preparation of nursing students through more inclusive educational environments and curriculum

Strategy 5.1 The North Carolina General Assembly should commit to a data-driven approach to prioritizing investments in institutions that have a proven record of admitting, retaining, and graduating a diverse cohort of nurses that serve the communities with the highest health care nursing workforce needs.

Strategy 5.2 The collaborative of North Carolina's community college and university nursing programs [see Strategy 2.1] should identify evidence-based holistic admissions practices that have been shown to be effective at enrolling a diverse student body and share experiences and lessons learned with each other to support admission of diverse nursing student cohorts.

Strategy 5.3 University and community college nursing programs should:
a)   Implement plans to create nursing education environments and curriculum offerings that support inclusive excellence. Implementation should include ongoing evaluation and adjustment based on outcomes and feedback from students and faculty.
b)   Work with the North Carolina Organization of Nurse Leaders and the North Carolina Nurses Association to identify best practices in nurse leadership development in the academic and employer settings and opportunities to equitably identify the strengths and skills of current and future nurses that can be harnessed to encourage them to explore roles, additional education, etc., related to health care informatics, health care payment (e.g., value-based care), technology, and business.

Strategy 5.4 NC AHEC should contribute to the advancement of mentorship programs by:
a)   Completing an environmental scan to identify effective mentorship programs that support the development of underrepresented groups in nursing.
b)   Partnering with North Carolina's community college and university nursing programs, employers of nurses, and state trade associations to identify opportunities and strategies to replicate or tailor programs to different schools/communities.

—— DEVELOPING, SUSTAINING, AND RETAINING NURSES IN THEIR CAREERS ——

RECOMMENDATION #2

Enhance the educational and career advancement of nurses through all stages of their careers, particularly those serving in practice environments experiencing persistent shortage (e.g., hospital, long-term care, underserved, and rural settings)

Strategy 6
Strengthen transition to practice and early career development for nursing students and new graduates across all care delivery settings

Strategy 6.1 Academic programs in nursing, North Carolina Area Health Education Centers, and employers of nurses should collaborate to expand the availability of new graduate nurse residency programs, including in more underserved and community-based settings, such as rural communities and community-based nursing practice.

Strategy 7
Identify opportunities for nurses to participate in educational advancement, leadership, mentoring, and preceptorship

Strategy 7.1 Employers of nurses should consider:

a) Partnering with academic institutions and NC AHEC to create cross-training and refresher course opportunities for nurses to transition into different specialty areas if desired, allowing for flexibility within nursing education and clinical practice.

b) Prioritizing education initiatives and work schedule flexibility to support nursing staff seeking higher education opportunities, such as accelerated BSN programs, LPN to BSN, MSN entry programs, DNP, and PhD pathways.

Strategy 8
Strengthen opportunities and incentives for later-career nurses to participate in mentor and preceptor roles

Strategy 8.1 Employers of nurses should promote and support the concept of nurse mentor as a highly valued professional practice role and develop or sustain roles for nurses to serve as unit leaders, mentors, and preceptors that provide:

a. Relevant management training and supports.
b. Formalized systems of knowledge transfer and mentoring.
c. Professional valuing of the nurse mentor role.

Strategy 8.2 North Carolina nursing associations should promote the concept of nurse mentor as a professional identity for experienced nurses and identify standards and practices for nurse mentorship and existing trainings.

RECOMMENDATION #3

Ensure a workplace culture that values the physical and psychological safety and well-being of nurses

Strategy 9
Create and promote a supportive and inclusive workplace culture

Strategy 9.1 Employers of nurses should:

a) Adopt and promote a culture of equity and inclusion, train team members from all disciplines on principles of teamwork, equity and inclusion, make clear what the goals and expectations of training are, and implement a plan to address incidents of racism or bullying among nurses and/or interprofessional team members.

b) Offer mechanisms for reporting unsafe working conditions, biases, discrimination, and injustice without fear of retaliation and make clear how those reports will be addressed and how data collected on incidents will be used. Organizational leadership should commit to strategies for oversight, action based on reports, and transparency about actions and outcomes.

c) Routinely evaluate pay equity for nurses employed in their organization and adjust salary ranges among staff to address inter-organization pay disparities.

Strategy 9.2 The North Carolina nursing associations should:

a) Educate members about available mechanisms for reporting unsafe working conditions and experiences of bias, discrimination, and injustice.

b) Develop a mechanism for informal reporting and sharing of stories from nurses about experiences of bias, discrimination, and injustice.

Strategy 10
Protect nurses from violence in the workplace

Strategy 10.1 Employers of nurses should increase attention to and promotion of workplace safety strategies to protect nurses from experiences of violence in the workplace. These actions should include:

a) Using appropriate engineering controls to reduce the risk of violence and/or allow for early intervention.

b) Establishing an evidence-based system within existing electronic health records to alert health care providers about patients with past violent, assaultive, or harassing behaviors in the health care setting and facilitate appropriate precautions for the protection of health care providers and the patient.

c) Displaying signage that emphasizes the importance of respectful communication and behavior from patients and visitors, as well as other care team colleagues.

d) Raising awareness for patients and visitors about potential criminal charges for assault on healthcare providers in hospitals.

e) Offering or requiring evidence-based de-escalation training.

f) Providing easily accessible trauma-informed care to employees who experience or witness workplace violence.

Strategy 10.2 The North Carolina General Assembly should help address the significant issue of violence in health care facilities by designating funding to help safety net organizations, critical access hospitals, and other less-resourced providers access evidence-based technology, other workplace tools, and evidence-based de-escalation and self-defense training to reduce the incidence of workplace violence.

Strategy 10.3 A neutral convener, such as the North Carolina Institute of Medicine in collaboration with the University of North Carolina at Chapel Hill School of Government, should facilitate a comprehensive review of the application and effectiveness of Session Law 2015-97. Perspectives should be gathered from health care providers (including nurses), people with disabilities, experts on the legal rights of people with disabilities, law enforcement, hospitals, other health care settings, and the North Carolina General Assembly.

i.   This group should discuss concerns about nurses being discouraged by employers or law enforcement to pursue charges after an assault and instances when an assault was a manifestation of a disability, or a result of the incongruence of aspects of treatment with disability needs.

ii.   The North Carolina General Assembly should apply perspectives gathered from representatives listed above to ensure that when adjudicating assaults on health care workers, there is a process to determine whether the assault was a manifestation of a disability and establish guidelines for sentencing that require consideration of the result.

iii. The North Carolina General Assembly should consider expanding the settings that Session Law 2015-97 applies to.

Strategy 11
Increase awareness and support for the mental health of nurses

Strategy 11.1 Employers of nurses should help support the mental health and well-being of nurses by:

a) Developing organizational training and services, including in nurse residency programs, for:

i.   Leaders and managers to learn to recognize signs of mental health distress and appropriately connect colleagues to available supports.

ii.   Evidence-based peer-to-peer solutions to support mental health and well-being, such as Stress First Aid.

iii. Recognizing burnout and reducing stigma around compassion fatigue.

b) Raising employee awareness about existing services (e.g., Employee Assistance Programs [EAP]) and increasing access to counseling and mental health services, particularly during work hours.

c) Adopting setting-specific practices that give nurses the opportunity to access team support in stressful moments.

d) Ensuring sick leave policies clearly define mental health care as a legitimate use of sick leave and allow nurses to use sick leave days without penalty.

Strategy 12
Evaluate the current state of efforts to address equity in the nursing workforce

Strategy 12.1 Philanthropies (e.g., health care philanthropies) should provide funding to conduct an analysis of the current state of efforts to address equity in the nursing workforce in North Carolina's nursing schools and practice settings. Organizations to complete this analysis could include a school or schools of nursing in partnership, a nursing association, the Center on the Workforce for Health, Future of Nursing Action Coalition, or other organization with a concentration on the nursing workforce.

Strategy 12.2 The Sheps Health Workforce Research Center should conduct a statewide analysis of nurse pay differentials across and within practice settings and geographic areas of the state, and among different demographic groups. Results from this analysis should be used to inform employers and policymakers of pay disparities and opportunities for pay equity. Partners for this work may include the Department of Commerce and the Department of Labor.

RECOMMENDATION #4

Expand the role of nurses in leadership, shared decision-making, and team communication

Strategy 13
Create robust systems that involve nurses as leaders in decision-making that impacts their work environment, patients, and the interprofessional team

Strategy 13.1 Hospitals and health systems should create or sustain unit councils and hospital-wide shared governance councils that value nurse leadership in decision-making.

Strategy 13.2 Employers of nurses should:
a)   Appoint nurses to top organizational leadership positions that affect organization-wide policy, including institutional boards.
b)   Create organizational leadership roles that allow nurses to remain working in clinical practice in a part-time capacity if that is their preference.
c)   Ensure that diverse candidates are prepared to step into these roles by increasing leadership development, education, and opportunities for nurses throughout their careers.

Strategy 14
Improve communication and understanding within interprofessional care teams

Strategy 14.1 Employers of nurses should:
a)   Implement TeamSTEPPS training or a similar teamwork and communication curriculum for employees across professions (i.e., nurses, physicians, pharmacists, physical therapists, social workers, etc.) and along the continuum of employment.
b)   Ensure interprofessional care teams convene regularly to communicate about patient care.

Strategy 14.2 The North Carolina Board of Nursing and North Carolina Interprofessional Education Leaders Collaborative should partner with relevant licensing boards to create or use existing educational materials and reference guides to educate nurses, physicians, and other members of the interprofessional team on scope of practice of other disciplines on the health care team.

Strategy 14.3 The North Carolina Department of Health and Human Services and relevant stakeholder groups at the state level should coordinate to create documentation that clearly explains the roles of paramedics, medication aides, community health workers, and unlicensed personnel across health care settings.

RECOMMENDATION #5

Improve retention of nurses in practice environments with high rates of turnover or vacancies by addressing work environment issues such as workloads and offering flexibility in scheduling

Strategy 15
Expand opportunities for non-traditional employment schedules and settings and increase family-friendly workplace policies

Strategy 15.1 Employers of nurses should:
a)   Adopt innovative scheduling, contract, and role opportunities.
b)   Expand virtual nursing opportunities by conducting a thorough review of nursing roles and offering virtual nursing positions if appropriate to the setting.
c)   Implement family-friendly workplace policies.
d)   Provide options and flexibility for nurses to cross-train for multiple roles if that is their preference.

Strategy 15.2 The North Carolina Organization of Nurse Leaders should work with associations representing employers of nurses and other nursing partners to identify opportunities for sharing innovations in nursing roles in a variety of practice settings to expand opportunities for workforce flexibility and improvements in patient care.

Strategy 16
Decrease the experience of high workload and documentation burden for nurses

Strategy 16.1 Employers of nurses should consider:

a)   Designating nurse-led interprofessional committee to review all documentation fields in their charting system, electronic or otherwise.

b)   Ensuring that nurses are part of the decision-making team about procurement of technology solutions; provide guidance on pilot testing, implementation processes, and strategies to navigate implementation challenges; and are provided resources for ongoing tech support.

c)   Identifying strategies to minimize the additional work that nurses are called upon to do to fill gaps left by inadequate support staff and other health care team members.

d)   Ensuring that job descriptions accurately reflect the role that is expected of the nurse and are updated as needed.

e)   Compensating nurses for time spent in required or optional trainings and finding opportunities to improve the efficiency of completing trainings.

f)   Improving awareness and knowledge about documentation tools available in the organization, such as speech recognition technology, dictation programs, and smart phrases for documentation of care plans and patient education.

Strategy 16.2 To incentivize time-limited commitments to serve in roles as health care support staff (e.g., environmental services, catering, etc.), associations representing employers of nurses should conduct an environmental scan of existing employment programs that pay for support staff to earn health care professional certifications or degrees and increase awareness of these programs.

Strategy 17
Retain nurses in North Carolina and incentivize practice in needed roles and rural areas

Strategy 17.1 The North Carolina General Assembly should implement:

a)   Expanded loan forgiveness programs and other incentives (e.g., financial assistance for higher education fees for children of nurses) for nurses who commit to practicing in rural areas, and

b)   Other incentives based on outcomes of the statewide nursing survey conducted by NC AHEC and the UNC Chapel Hill School of Nursing.

--- **VALUING THE WORK OF NURSES** ---

RECOMMENDATION #6

Equip nurses and the public to be strong advocates for nursing and health care improvement

Strategy 18
Enhance the ability of nurses to advocate for themselves and their profession

Strategy 18.1 North Carolina nursing associations should continue to provide advocacy training opportunities for nurses and identify ways to increase uptake of these opportunities.

Strategy 18.2 Employers of nurses should encourage nurse participation in nursing associations and coalitions and consider employee benefits that would pay dues and permit work time dedicated to participating in membership activities.

Strategy 18.3 The Center on the Workforce for Health should engage an advisory council to provide data, guidance, and best practices concerning efforts to address the nursing workforce crisis, provide critical perspectives from key interested parties, and decrease duplication of efforts. Representatives of the council should include nursing educators from community college and university settings, nurses with experience in a variety of health care settings, employers of nurses, and representatives of nursing associations and the Future of Nursing Action Coalition.

Strategy 19
Enhance the ability of the public to advocate for nurses

Strategy 19.1 North Carolina nursing associations should expand consumer outreach efforts to help support enhanced understanding of the value of nursing contributions to health care.

RECOMMENDATION #7

Quantify the Value of Nursing Care

Strategy 20
Use value-based payment and develop mechanisms to quantify the importance of nursing in quality care

Strategy 20.1 North Carolina health insurance plans and payers and NC Medicaid should incorporate nationally recognized nurse-sensitive indicators for acute and ambulatory settings as part of quality measures for providers engaged in value-based payment arrangements. To start, this should focus on quality measures that are already being measured.

Strategy 20.2 The North Carolina Department of Health and Human Services, in partnership with nursing workforce researchers, should evaluate nurse-sensitive quality indicator data across providers to identify trends in staffing policies and team-based care approaches that are most supportive of higher quality.

Strategy 21
Explore opportunities for nurses related to National Provider Identifier (NPI) numbers

Strategy 21.1 All NC RNs should obtain an NPI to elevate and recognize them as clinicians providing vital services to patients.

RECOMMENDATION #8

Optimize payment for health care services to support nursing care

Strategy 22
Increase funding to support school nursing

Strategy 22.1 NC Medicaid, the North Carolina Department of Public Instruction, and other relevant partners should work to implement state policies and practices that support schools in billing Medicaid to provide additional funding for school nurses.

Strategy 22.2 The North Carolina Department of Health and Human Services, North Carolina Department of Public Instruction, and North Carolina Department of Insurance should partner to produce a report exploring additional methods of funding school nursing, such as private health insurance and tax revenue. The North Carolina General Assembly should consider these additional options.

Strategy 23
Use funding mechanisms to support the long-term care nursing workforce

Strategy 23.1 NC Medicaid should consider and/or implement policies that help address the long-term care nursing workforce shortage to ensure quality of care, by:
a) Considering the impact that transitioning to Medicaid managed care for dual eligibles would have on the nursing workforce and making efforts to ensure any transition does no harm to that workforce nor makes it harder to grow that workforce.
b) Piloting a proposal-based incentive program directed at improving the workforce.
c) Evaluating the overall funding and reimbursement levels for long-term services and supports (LTSS) (e.g., nursing facilities, home- and community-based services, etc.) to ensure they are adequate to support and attract a sufficiently sized nursing workforce to provide high-quality LTSS to North Carolinians who need those services.

Strategy 24
Promote RN billing in primary care

Strategy 24.1 The North Carolina Area Health Education Centers (NC AHEC) should develop and disseminate a course related to inclusion of RNs on primary care practice care teams, with information about scope of practice, patient outcomes, and revenue generation.

Strategy 24.2 North Carolina Medicaid and private payers should pilot coding processes that allow optimal use of RN services within primary care.

Strategy 25
Expand the state budget in key shortage areas for nursing care

Strategy 25.1 The North Carolina General Assembly and other key funding entities should expand funding in areas of the state budget that will support nurses who make important contributions to keeping the state's population healthy. Increased funding is needed to create additional jobs in some places, and to increase wages in many areas to make roles more competitive and help fill current vacancies. In these areas, the General Assembly is the primary funding agency and adequacy of services is directly correlated to adequacy of funding. This would include increased funding with the following goals:

   a) Ensure that a school nurse can be in every school and every Head Start program.
   b) Increase access to home- and community-based nurse services, such as hospice, palliative care, home health, home care, and the Program for All-Inclusive Care for the Elderly (PACE).
   c) Increase the number of public health nurses, especially in rural and lower-income communities.
   d) Increase Medicaid reimbursement rates for long-term care.
   e) Increase access to mental and behavioral health care in state facilities.

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