

# 1

## CHAPTER ONE

### Background on North Carolina's Nursing Workforce



# CHAPTER 1 – 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”.<sup>1</sup>

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 1. Types of Nurses and their Roles**

Licensed Practical Nurse (LPN)	Registered Nurse (RN)
<ul style="list-style-type: none"> <li>Collects data for ongoing and focused patient assessment</li> <li>Participates in planning patient care and implements established plan of care as assigned by the RN or other person authorized by law</li> <li>Participates in patient teaching using established teaching plans and protocols</li> <li>Updates RN and/or provider with patient status and concerns</li> <li>Educational level: technical school graduate or diploma</li> </ul>	<ul style="list-style-type: none"> <li>Conducts holistic patient assessments</li> <li>Plans and executes nursing interventions, including health promotion, education, counseling, care coordination, and care management</li> <li>Supports execution of medical treatment plans, such as administering medications</li> <li>Evaluates and supports the human response to health and illness</li> <li>Delegates tasks to LPNs and non-licensed personnel</li> <li>Educational level: associate or baccalaureate degree</li> </ul>
Advanced Practice Registered Nurses (APRN)	APRN Practice Specialist Roles
<ul style="list-style-type: none"> <li>Have expanded authority to diagnose and treat medical conditions (as defined by state laws) in addition to their nursing practice</li> <li>Provide behavioral and medical care in both ambulatory and acute care settings</li> <li>Practice specialties include:                             <ul style="list-style-type: none"> <li>Pediatric nurse practitioners</li> <li>Family nurse practitioners</li> <li>Certified nurse-midwives</li> <li>Certified registered nurse anesthetists</li> <li>Clinical nurse specialists</li> <li>Psychiatric mental health nurse practitioners</li> <li>Acute care nurse practitioners</li> </ul> </li> <li>Masters or doctoral degree</li> </ul>	<ul style="list-style-type: none"> <li>Nurse practitioners prescribe medication and diagnose and treat illnesses and injuries as defined by state laws</li> <li>Certified nurse-midwives provide gynecological and obstetrical care as defined by state laws</li> <li>Clinical nurse specialists manage complex client health issues through direct care, consultation, research, education, and administrative roles</li> <li>Certified registered nurse anesthetists provide anesthesia and related care before and after surgical, therapeutic, diagnostic, and obstetrical procedures</li> <li>Masters or doctoral degree</li> </ul>

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 2. Where RNs and LPNs Practice in North Carolina**

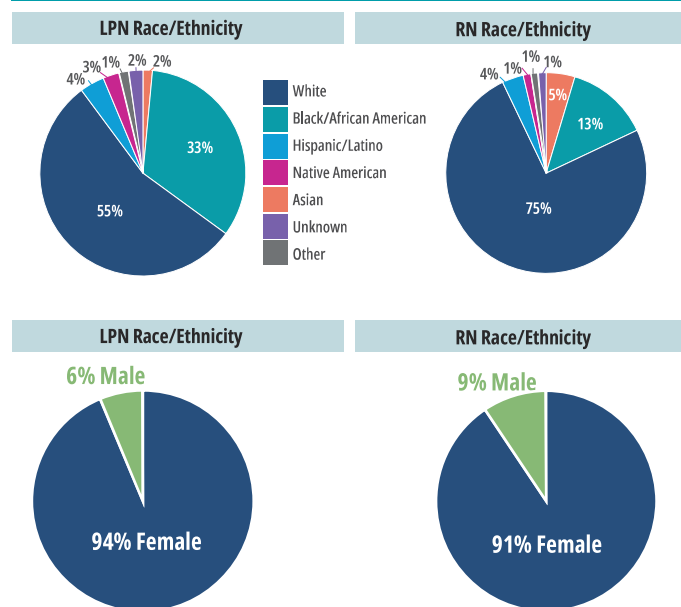
Settings Where LPNs Practice	% of LPNs	Settings Where RNs Practice	% of RNs
Nursing Home/Extended Care	33%	Hospital (Acute Care)	52%
Home Health	15%	Ambulatory Care Setting	12%
Ambulatory Care Setting	11%	Other	8%
Other	8%	Home Health	4%
Hospital	8%	Nursing Home/Extended Care	4%
Solo or Group Med Practice	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.<sup>2</sup>

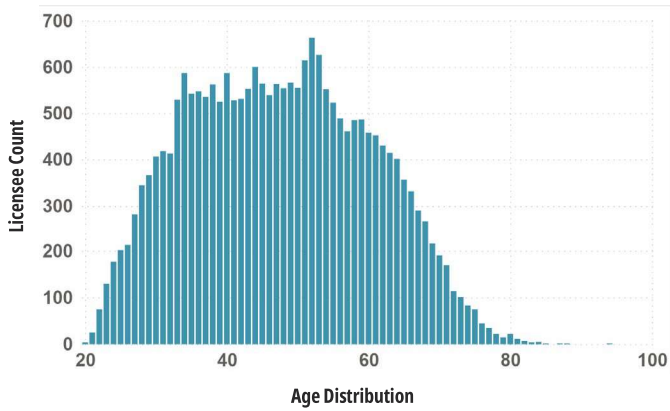
**Figure 3. Demographics of Licensed North Carolina LPNs and RNs**



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

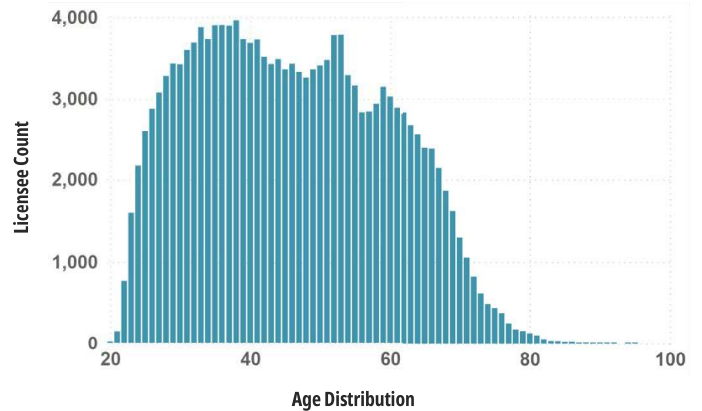


Figure 4. Age Distribution of North Carolina Licensed Practical Nurses, 2023



Source: North Carolina Board of Nursing. [https://pub.marq.com/NCBONFall2023/#\\_Siur64fUIZX](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](https://pub.marq.com/NCBONFall2023/#_Siur64fUIZX)

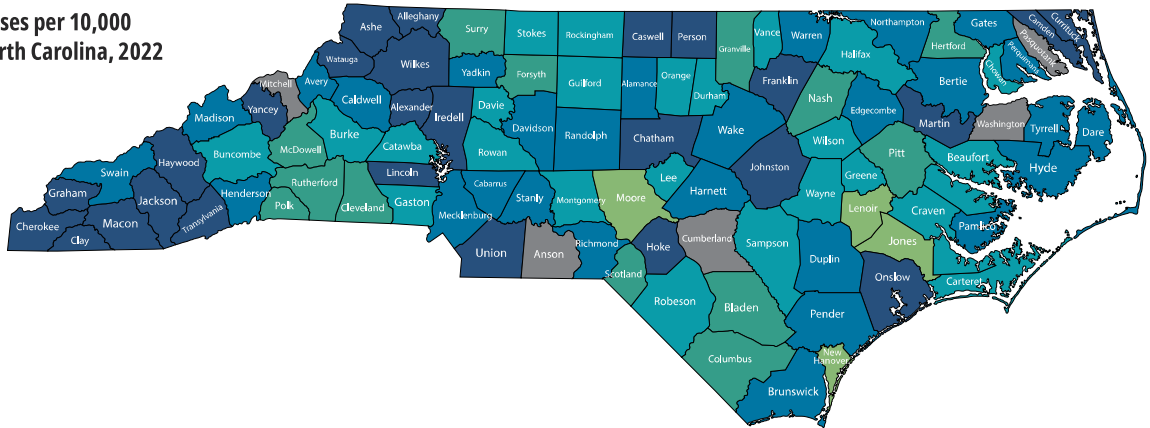
**NURSE SUPPLY AND DEMAND IN NORTH CAROLINA**

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.<sup>3</sup> 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.<sup>3</sup> 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

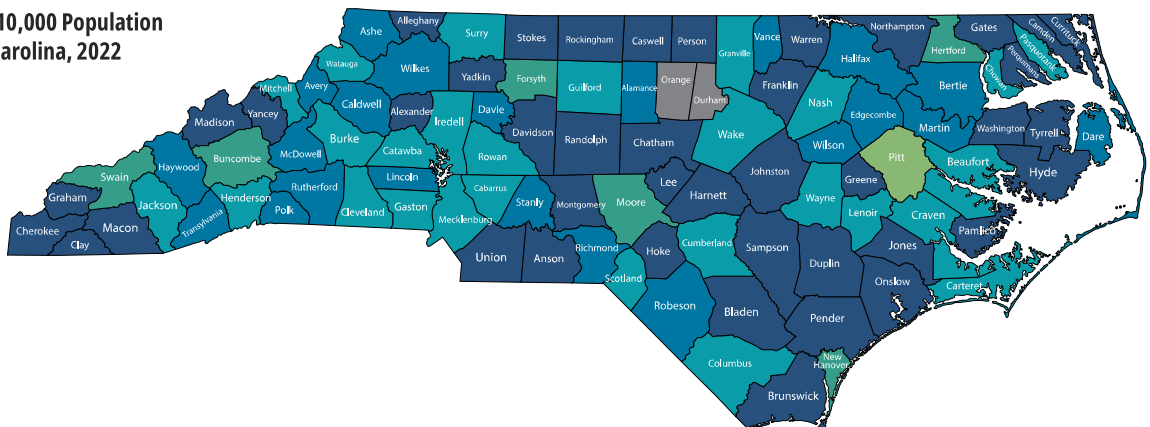
**Licensed Practical Nurses per 10,000 Population by County, North Carolina, 2022**

- 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 NCLINC 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/>.

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## 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.<sup>4</sup> 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.<sup>4</sup> 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.<sup>4</sup>

## CHALLENGES MEETING DEMAND

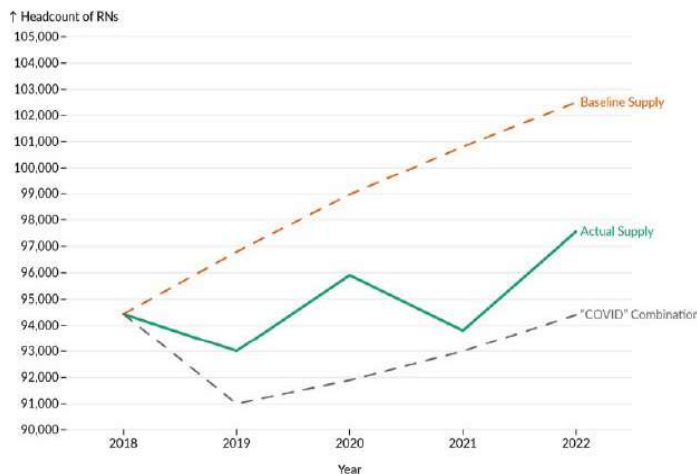
Long-term models show a growing challenge in meeting the demand for nursing workforce in North Carolina. NC Nursecast, a nurse workforce model developed by the Cecil G. Sheps Center for Health Services Research in partnership with the North Carolina Board of Nursing, projects the supply and demand of LPNs and RNs in different settings through 2033 and can depict changes in supply based on different scenarios.<sup>5</sup> 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.<sup>5</sup> One scenario, called the “COVID scenario,”<sup>6</sup> was found to be most closely predictive of nurse supply.<sup>6</sup> 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.<sup>5</sup> 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/>*

**Figure 7. Overall RN Workforce Supply in North Carolina, Comparison of Baseline Projection, “COVID Scenario”, and Actual Supply, 2018-2022**



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 Degree in Nursing/Associate of Science Degree in Nursing (ADN/ASN) programs, and 37 Bachelor of Science in Nursing (BSN) programs.<sup>7</sup> In fall 2022, total student enrollment in these educational programs was 11,643, which represented a 2.7% increase in enrollment from fall 2021.<sup>8</sup>

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.<sup>9</sup>

## 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

<sup>a</sup> “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/>

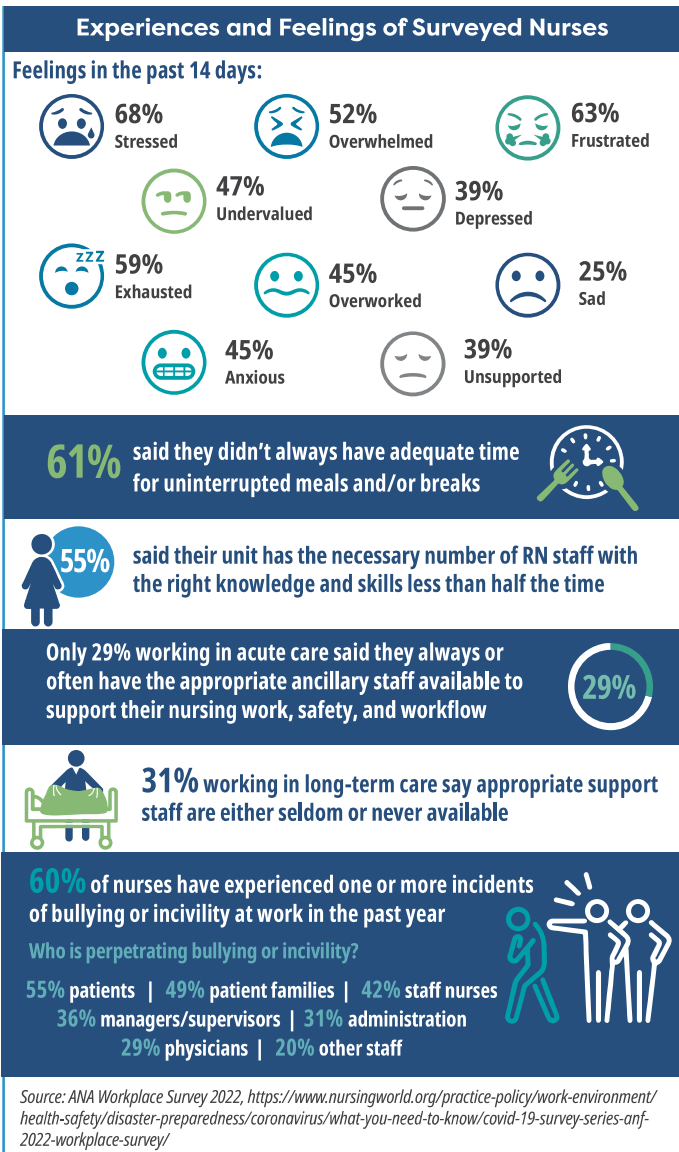
<sup>b</sup> The “COVID scenario” is one in which LPNs leave work five years earlier than expected and there is an increase in graduation rates and a decrease in nurses coming from out of state.





**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.<sup>7</sup>

**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.<sup>10</sup> 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.**<sup>10</sup> 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/>

**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.**<sup>11</sup> 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.

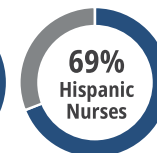
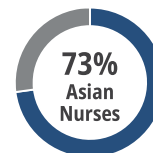
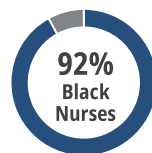
*"I have felt as if there was no way I would advance my career at some facilities due to my race. This has caused stress, anxiety, and some depression."*

- 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



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>.

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**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.<sup>12</sup> 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.<sup>13</sup> 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.<sup>11,13</sup> **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.<sup>14</sup> 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”.<sup>14</sup> 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”.<sup>15</sup>

### 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”.<sup>16</sup>

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.”<sup>16</sup>

### 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.<sup>17</sup> 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.”<sup>18</sup>

### 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”.<sup>19</sup> 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.<sup>19</sup>



## 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”.<sup>20</sup> 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”.<sup>21</sup> 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.”<sup>21</sup>

## 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 X 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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