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.
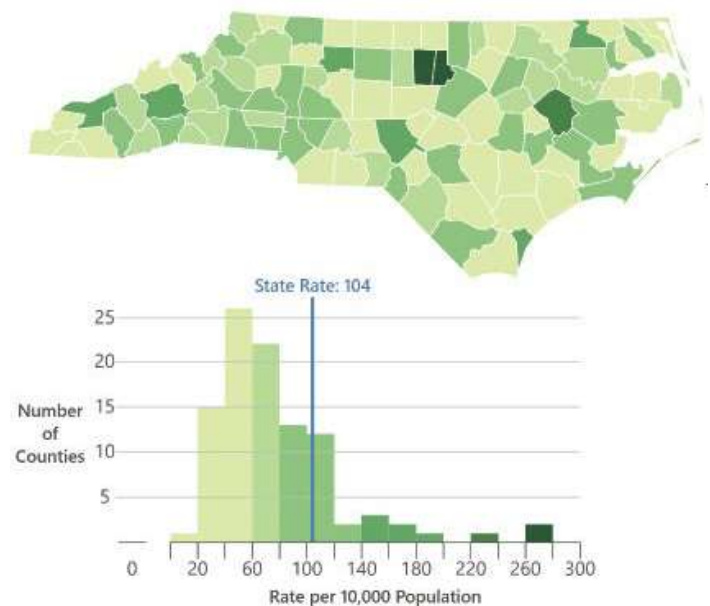
Context
North Carolina is home to a uniquely robust health workforce data system through the Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research. This program's website hosts an interactive data visualization of health care workforce in the state, 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.
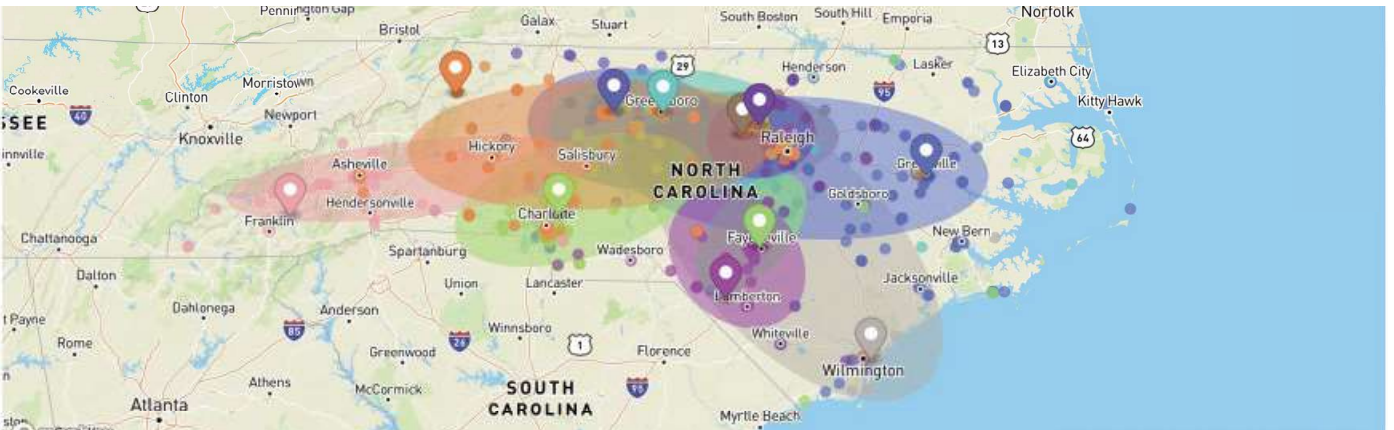
Figure 8. Example of Diffusion of RN-ADN Graduates from Select North Carolina Institutions
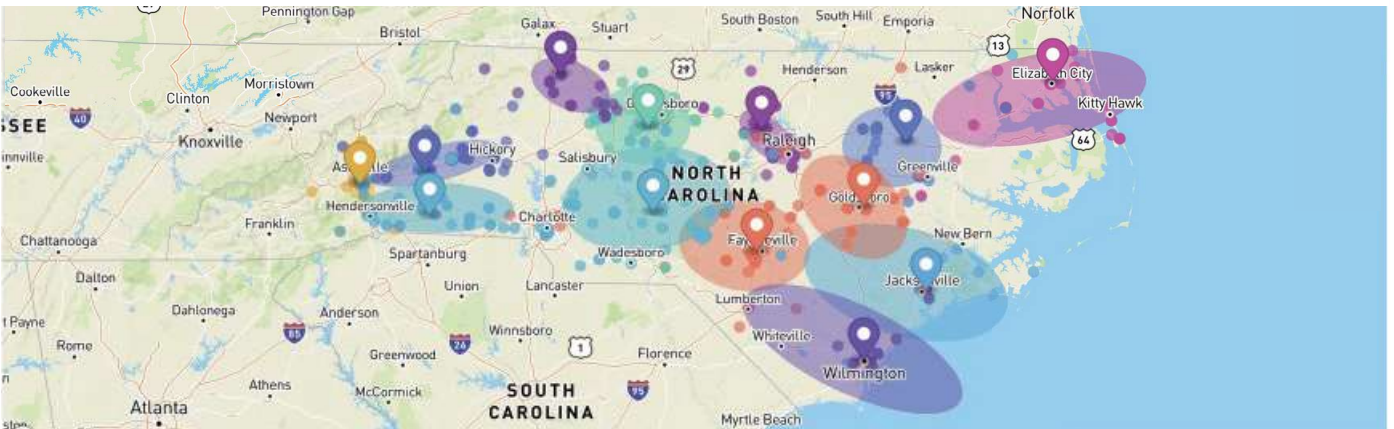

Source: The Program on Health Workforce Research and Policy at the Cecil G Sheps Center. "NC Nursecast: A Supply and Demand Model for Nurses in North Carolina." November 1, 2021. https://ncnursecast.unc.edu/diffusion/

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/