Our Nursing Education series explores the supply and demand for nurses (NC is projected to be 10,000 RNs and 5,000 LPNs short by 2033), the faculty bottleneck that creates that shortage, shifting employment and education trends in nursing, how one campus is confronting the shortage and another hopes to, the role of community colleges in rural care, and several profiles of nursing heroes in North Carolina.
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RALEIGH (July 14, 2021) – There’s no better time to appreciate nurses in North Carolina.

As we climb out of a global pandemic, we’ve seen nurses take incredible risks to themselves and their families. We’ve seen them hold the hands of patients as they die. We’ve seen them hold tablets for patients to see and hear goodbyes from their loved ones.

Yet even before the pandemic, we didn’t have enough nurses. And the shortage is only expected to get worse.

The Cecil G. Sheps Center for Health Services Research at UNC Chapel Hill will soon release a model that projects North Carolina could face a shortage of 10,000 registered nurses – almost 10% of the current RN workforce – by 2033.

According to that model, the state could also face a shortage of 5,000 licensed practical nurses – more than 20% of the LPN workforce – by the same year.

“We are about to face some serious shortages,” Dr. Erin Fraher, Director of the Program on Health Workforce Research and Policy at the Sheps Center, says in the accompanying video.
Registered nurses will be most in demand at hospitals, Fraher says. And LPNs will be wanted at assisted-living centers and long-term care facilities. The center’s work was funded by the NC Board of Nursing.

**THE CORONAVIRUS PANDEMIC** has taken a particularly hard toll on nurses, Fraher says. What was projected to be a “sprint” to combat the virus over a few months turned into more than a year – and for some, confronting death day after day after day.

“It was a very difficult time to look at the data and watch the stories,” she says. “It’s been 14 months … and we do see more nurse burnout.”

There are multiple factors involved in North Carolina’s nursing shortage: Baby Boomers retiring. A chronic shortage of nursing faculty because they can make more money nursing than teaching people how to nurse. Increased turnover in a high-stress job – especially over the past 16 months. And a phenomenon where nurses tend to work less as our economy improves.

“We could really see our nursing supply tank in a way that we wouldn’t have predicted going back 18 months or two years ago,” Fraher says.

A countervailing force, though, could be a “9/11 effect” – as nurses finally get the respect they deserve, there could be a surge into the profession, much as there was among firefighters and law enforcement after the Sept. 11 attacks on the United States.

Fraher and others who monitor the supply of nurses already see an encouraging uptick in enrollment in nursing programs in North Carolina.

As Higher Ed Works launches this series on nursing education, we will look at how some institutions are confronting the state’s longstanding nursing shortage. We will hear about the frustrations of battling the job market to hire enough instructors to train nurses. We will learn how burnout among nurses is real – and increased during the pandemic. We will look at the critical need for nurses in rural settings. We will examine how the demand for nurses is shifting.

And we will highlight a few of the many heroes among our nurses in North Carolina.
GREENSBORO (July 14, 2021) – To examine how one state university is confronting North Carolina’s nursing shortage, we need to look back six years.

“We’re turning away 140 qualified nursing students every year,” UNC Greensboro Chancellor Franklin Gilliam Jr. said in 2015. “Cone Health tells us we cannot produce nurses fast enough for them to hire.

“We need those workers... These are high-paying jobs.”

With $105 million from the Connect NC bond issue that voters approved in March 2016, UNCG opened its new, 180,000-square-foot Nursing and Instructional Building in January. The structure offers 14 classrooms, 39 labs, and nine research suites – as well as the most modern, lifelike instructional equipment available.

“We had a lot of applicants, and we just didn’t have room for them,” Gilliam says in the accompanying video. “That was the impetus for the Nursing and Instructional Building.

“But then we get a pandemic – and it becomes ever more clear how badly we need nurses and how important they are to our health-care system.”

With a new building and a new dean – Debra Barksdale, who spent 13 years as an administrator in UNC Chapel Hill’s School of Nursing – UNCG is poised to provide more nurses in the Piedmont Triad, which has several major hospitals and health systems. It has also launched an entirely online RN-to-BSN program to help working registered nurses to more easily earn bachelor’s degrees.

“We really have the opportunity to increase the supply, at least in our own way,” Gilliam says. “And more importantly, the supply we produce is going to be even better-prepared.”

Gilliam highlights one floor of the Nursing and Instructional Building (or NIB, as it’s known on campus) that looks like a hospital ward, complete with extremely lifelike “dummies” in the beds.

“This is going to give our nursing students really cutting-edge training,” he says. “I know our new dean is excited about that, the faculty’s excited, and the students are excited.”

1 https://www.higheredworks.org/2016/01/uncg-chancellor-we-need-those-workers/.

UNCG: More nurses
CHAPEL HILL (July 16, 2021) – So very many factors influence wellness – and Dr. Sharon Elliott-Bynum embraced them all.

In the accompanying video, Dr. Cheryl Giscombe, a Professor in the School of Nursing at UNC Chapel Hill, describes the community health center Elliott-Bynum built – and built and built and built – until she became known as ‘The Mother Teresa of Durham.’

The effort started in 1996 when Elliott-Bynum and her two sisters opened the center in Durham to help reduce stigma for patients with HIV. But then Elliott-Bynum added a 16-week substance-abuse treatment center. Then job training. Then a GED program.

“This is a nurse,” Giscombe says. “But (she) saw all of this as wellness.”

Then came a case-management program for HIV patients. But the center was in fact a community health center for everyone. So Elliott-Bynum added Zumba and line-dancing classes, acupuncture, yoga and massage for anyone who wanted to take part.

“Which was brilliant, because when people walk through the door, you don’t know why anyone’s there,” Giscombe says. “So it reduced the stigma – anyone could be there.”

She later added outpatient counseling as after-care for those who complete substance-abuse counseling. A food pantry. A gym. A free clinic staffed with nursing students from UNC Chapel Hill, NC Central and Duke universities. Even a 16-bed dormitory for those who didn’t have housing.

“But everybody was ‘Mr.’ or ‘Miss So-and-So,’” Giscombe says. “And everybody was welcome.”

When the U.S. surgeon general visited the facility, he actually cried about what he saw and wrote an op-ed piece about CAARE Inc.


But Giscombe doesn’t hesitate when asked to name a hero of her profession.

“That’s my nurse hero,” she says.
RALEIGH (July 21, 2021) – There’s no shortage of people who want to be nurses. And there’s no shortage of people who want to hire them.

The shortage is a shortage of instructors – largely because they can make more money being a nurse than teaching students how to nurse.

“When you can make more to do the job than you can to teach people how to do the job, and that gap grows, then you’re in trouble,” Dr. Scott Ralls, President of Wake Technical Community College and former president of the NC Community College System, says in the accompanying video.

North Carolina community colleges do a remarkable job, Ralls says, but their Achilles heel is “what we pay our people.”

“When that differential is like this,” he says, spreading his hands apart, “then we’re in trouble. And for nursing, it is particularly that way.”

DR. ERIN FRAHER, Director of the Program on Health Workforce Research and Policy at the Sheps Center at UNC Chapel Hill, says there is indeed a shortage of nursing instructors in North Carolina. That’s partly due to a wave of retirements, as many industries face.

But community colleges in particular face chronic faculty shortages because they can’t pay instructors as much as other institutions can, Fraher says. Even universities face shortages because it’s often more lucrative to work as a nurse than to teach.

In addition to the faculty shortage, says Ralls, there’s also a shortage of clinical space in hospitals and other health-care facilities where nurses can train with real patients.

BUT THE DEMAND from both employers and students is undeniable.
“Our graduates walk out of here with jobs,” Ralls says.

“There’s way more demand for more nurses coming through us than we have slots for,” he says. “There’s way more students who want to get into a nursing program like ours than we’re able to accept – so automatically, there’s a mismatch.

“We talk around it. But you know, at some point we probably do all have to collectively step up and say, ‘What could we do?’ Because when you reach points like a pandemic or other times like now, you say, ‘Why do we have that?’” Ralls says.

“It’s just been a fundamental challenge that has been there not just in the last couple of years, but over the last several decades.”
GREENSBORO (July 21, 2021) – Hiring and keeping nursing faculty isn’t a challenge just at community colleges.

“One of the things that vexes us is that while there’s great student demand for spots in nursing schools, the supply of nursing faculty is actually quite constricted,” UNC Greensboro Chancellor Franklin Gilliam says in the accompanying video.

It’s not rocket science – skilled nurses can simply make more working in, say, a hospital setting, Gilliam says. And the most challenging hire of all is a dean for a nursing school, though UNCG recently hired Debra Barksdale as its new Dean of the School of Nursing.

HEIDI KROWNCHUK, the Interim Dean at the UNCG School of Nursing and Associate Dean for Academic Programs, offers a case study in what it takes to retain nursing faculty.

Certified registered nurse anesthetists who teach UNCG anesthesia students could easily make $300,000 to $400,000 a year in practice, she said.

“In order to get anesthesia faculty … we’ve made an agreement that they work for us 100%. We have a specific salary. But they are also given one day a week to go practice. They keep that money. So it really augments their salary from us, because the state just can’t support that,” Krownchuk says.

It’s not unlike police officers who moonlight as security guards to make ends meet.

While UNCG and the UNC System understand the competitive pressures, Krownchuk says, “There are people across campus who say, ‘Your faculty are getting paid that much?’ Yeah, they are. They’re worth their weight in gold. And we can’t do our program without that.”

Krownchuk is matter-of-fact about the economic realities.

“When you think about inequity in salaries, we’re usually an exception. But that’s how it is,” she says.
GREENSBORO (July 23, 2021) – She is “that nurse” – the nurse with the sleeve of tattoos screening patients for COVID-19 outside UNC Hospitals whose photo went viral in March 2020.

She is also Grace Cindric, a 2016 graduate of UNC Greensboro’s School of Nursing.

And she is “one of our alums – a nurse going to work – but she looked like she was going to war,” UNCG Chancellor Franklin Gilliam says in the accompanying video.

“I mean, she looked like she was. ‘Hey, I’m going into the teeth of this thing, I’m coming here to fight.’” Gilliam says. “I thought that just personified the kind of mettle that nurses have and that certainly our alums displayed.”

Cindric’s image took on some slightly less-polite labels in memes created after it circulated so widely. Gilliam thinks the image will be burned into our memories 10, 20, or 25 years from now as we recall the coronavirus pandemic.

“It speaks to the seriousness of this pandemic,” he says. “It was a war – it was a health war against this virus. “But it also speaks to the fact that there are a lot of brave people who were willing to risk it to go in and fight it on our behalf.”
CHAPEL HILL (July 28, 2021) – Nurses were already in short supply two years ago. Add a global pandemic unlike anything seen in a century, with long hours and, for some, repeated patient deaths, and nurses’ stresses only mounted.

That had dramatic costs in both human and financial terms.

“Burnout is serious,” Dr. Cheryl Jones, Professor in the School of Nursing at UNC Chapel Hill, says in the accompanying video.

“The pandemic has really taken its toll on nurses,” Jones says. “However, nursing as a profession has always been prone to burnout. We are with patients at their most vulnerable times – when they come into the world, and when they leave the world, and anything in between.”

The emotions can range from complete joy and elation to utter devastation, she says. And when nurses repeatedly face such emotional lows, they’re at risk for burnout.

DR. CHERYL GISCOMBE, an Associate Dean and Professor at the School of Nursing, is dually trained in nursing and psychology. It’s common for caregivers to prioritize care for others, Giscombe says.

“And so then they don’t leave enough time for self-care – or they think self-care is self-ish,” she says.

Colleagues and counselors can help nurses see that taking time for themselves is better for their patients, Giscombe says, suggesting they focus on the original reason they went into nursing – and how long they can do it.

If nurses take care of themselves, “You can do this longer,” she says. “It’ll be truncated if you don’t take care of yourself. You can help them see self-care is not selfish – self-care is actually philanthropic. Because when you give to yourself, it gives you more wherewithal to help other people.”

Nurses have made difficult decisions through the pandemic about meeting the needs of both their families and their patients, says Jones.

“Burnout is a predictor of turnover. What we know is that burnout has increased, and because burnout affects turnover, we may likely see an increase in turnover,” she says.
In addition to the emotional costs, that turnover has a steep financial cost.

Citing a study she conducted a decade ago, Jones says it can cost $82,000 to $88,000 to hire temporary help, advertise, recruit and train another nurse.

"When a nurse leaves, it could range somewhat above $80,000 to replace them," she says.
GREENSBORO (July 30, 2021) – We’ve heard stories about firefighters who run toward the fire rather than away from it.

Well three UNC Greensboro nursing students did just that at the height of the coronavirus pandemic last year.

In the accompanying video, UNCG Associate Dean of Nursing Heidi Krowchuk tells the stories of three graduate students with extensive experience in intensive-care units who volunteered to go to New York and help in hospitals there in March 2020.

“They decided to go to New York and help out with some of those in the hospitals where they were really short of staff – and the stories they have are incredible,” Krowchuk says.

“You just have to say, ’Oh my gosh – I can’t imagine having to deal with that.’”

Two students – Scott Dollar and Ali Cosgrove – went to Buffalo, where they worked 12-hour shifts in a hospital that treated only coronavirus patients.¹

BEVIN STRICKLAND, a single mother with two teenage children who was pursuing a Doctor of Nursing Practice, wrote directly to New York Gov. Andrew Cuomo and went to work in the emergency department at Mount Sinai Queens Hospital at the very epicenter of the pandemic.

“I wanted to go there and help,” Strickland told her UNCG family in a cell-phone video on her way to New York. “And prayers for all the people that are going through this, and especially the very sick ones.”²

Krowchuk was awestruck.

“She would spend more than 12 hours a day dealing with incredibly ill patients, and helping them die,” Krowchuk says. “Just phenomenal.”

² Ibid.
(Aug. 4, 2021) – Big urban hospitals’ demand for nurses seems obvious. But what’s less obvious is the need for nurses in North Carolina’s rural communities.

“You find that our graduates are more likely to be in those places that are sometimes hardest to fill, in terms of those nursing positions,” Dr. Scott Ralls, President of Wake Technical Community College and former president of the NC Community College System, says in the accompanying video.

“Rural hospitals, where you may not have as many (university) nursing programs, but you also may have a community college program nearby, they’re going to be much more likely to be community college-trained nurses. Places that are not just the hospital settings – assisted living….”

“We have found over the years that they are more likely to be community-college nurses in those harder-to-fill settings. We do fill a really important role by spreading the nurses throughout the state – not just concentrated where the universities may be concentrated – and into those facilities where nurses are needed, not just the big hospitals.”

DR. ERIN FRAHER researches the health workforce – including workers in rural communities – at the Cecil G. Sheps Center for Health Services Research at UNC Chapel Hill. Rural mental-health care and corrections face chronic shortages of nurses, Fraher says.

But the data also reveal some surprises. Sheps researchers expected to see a shortage of nurses in Southeastern North Carolina, she says.

“It turns out that those programs in the Southeastern part of the state, particularly for licensed practical nurses – they have retention rates in rural communities of like 80%, which is unheard of,” Fraher says. “It’s just enormous.”

“This pocket of programs in Southeastern North Carolina, from Southeastern Community College, Robeson Community College – over 80% of their licensed practical nurse grads are going into rural communities,” Fraher says.

In general, she says, nurses with bachelor’s degrees don’t go into rural care at the same rates as LPNs or nurses with associate degrees.
“But surprisingly, UNC Pembroke is putting nearly 50% of their BSN grads into rural communities. Fifty percent – so one out of every two, almost, grads from UNC-Pembroke’s BSN program is going into a rural community. The closest competition was 26%, which was Fayetteville State, which was doing also a nice job.”

But Fraher singles out Pembroke.

“UNC-Pembroke is, as usual, serving its local community, which is incredibly important,” she says.

“Because if you look at the data, that area – Robeson County – is always ranked 100 out of 100 counties in terms of health outcomes. It’s an important piece in terms of addressing health outcomes, particularly in that area, where we have higher chronic disease, higher diabetes, and that nursing workforce is critically needed.”
RALEIGH (August 4, 2021) – Local hospitals. Rehab centers. Assisted-living homes. They all need trained nurses, particularly in North Carolina’s rural areas.

And the state’s community colleges can supply those nurses.

“In 2020 alone, the North Carolina Community College System produced over 47% of the nurses that graduated in the state,” Thomas Stith III, President of the Community College System, says in the accompanying video.

“As we look toward recovery and moving forward through this pandemic, it will be even more important for the Community College System to provide that opportunity for education for those individuals seeking nursing degrees,” Stith says.

Community colleges can provide licensed practical nurses or nurses with associate degrees who can become registered nurses.

“Our rural areas in particular are in need of nursing candidates once they graduate,” Stith says. “Whether it’s their local hospitals, small clinics or nursing care organizations, we’re seeing our associate nurses in particular finding opportunity in our rural communities.”
WINSTON-SALEM (August 6, 2021) – Educators teach nurses how to calm nervous patients. Sometimes instinct does the rest.

That’s what happened March 10 at a pop-up Novant Health COVID vaccine clinic at St. Peter’s Church and World Outreach Center in Winston-Salem.

Vergie Hart’s prayers and her children convinced her she needed to be vaccinated. But Hart, 68, freely acknowledges a phobia.

“I’m afraid of needles – that’s my problem,” she says in the accompanying video.

Enter Mel McMillan, a licensed practical nurse and administrator who started her nursing education at Forsyth Technical Community College.

“She was shaking,” McMillan said. “I said, ‘We’re going to get through this together.’

“I just opened up my mouth and I started singing,” said McMillan, who comes from a church-going, musical family. “I didn’t plan on it.”

The two agreed that McMillan would count 1-2-3, then start singing, then deliver the vaccine.

“She skipped the 1-2-3,” said Hart. “She started singing. She made me feel so calm and at ease.”

And when McMillan pronounced “All done,” the two kept singing – in harmony.

“This is the day, this is the day that the Lord has made,” they concluded.
(August 11, 2021) – Even as North Carolina tries to catch up with its nursing shortage, it’s seeing changes in how nurses are trained, which nurses are most in demand and where they are needed.

For starters, the mannequins used to simulate real patients have transformed nursing education over the past 10 years. The mannequins talk, blink, bleed, vomit – some even give birth.

“I can’t imagine having to educate students without that now,” Dr. Heidi Krowchuk, an Associate Dean at UNC Greensboro’s School of Nursing, says in the accompanying video.

“Simulation has helped us out so much that we can really mimic what happens in a clinical setting,” Krowchuk says. “Students can figure out what to do and problem-solve in the lab, versus having to do that on the floor in a hospital... I think it prepares our students so much better.”

But that technology doesn’t come cheap: The mannequins cost $100,000 apiece, Krowchuk says.

THERE’S ALSO A SHIFT underway in the types of nurses that hospitals – particularly large hospitals seeking “magnet” status – want to hire.

Dr. Erin Fraher, a health-workforce researcher at the Cecil G. Sheps Center at UNC-Chapel Hill, says Dr. Linda Aiken at the University of Pennsylvania has produced research that finds in-patient mortality rates are lower when patients are cared for by nurses with a four-year degree.

Aiken’s work helped create incentives for hospitals to hire more nurses with bachelor’s degrees, Fraher says. And an organization called The Future of Nursing produced a report that asked the nation to move toward a workforce that consists of 80% nurses with bachelor’s degrees and 20% nurses with associate degrees.

Yet among the nurses North Carolina produces, Fraher says, 50% have two-year associate degrees and 33% have four-year degrees. “So we are still consistently producing about 50% of our new grads as associate degree, two-year nurses,” she says.

ANOTHER SHIFT is driven by efforts to limit health-care costs, Fraher says, and results in registered and licensed practical nurses working in settings where they aren’t traditionally trained to work.
Not surprisingly, nurses have shifted with their patients from more expensive, acute-care settings to less-expensive ambulatory care settings like doctors’ offices and outpatient surgery centers.

“So even though licensed practical nurses have traditionally been employed in long-term care and assisted living, now we’re seeing this large growth in licensed practical nurses moving to ambulatory care,” Fraher says.

“That’s almost what I would characterize as a seismic shift. Because licensed practical nurses and registered nurses don’t typically train in those settings – they train in in-patient settings.”
RALEIGH (August 13, 2021) – What makes someone want to be a nurse?

“It runs the gamut,” Dr. Ann Marie Milner, Director of Nursing at Wake Technical Community College, says in the accompanying video. “Some people have sick parents, and it spurred them. Many of our students were sick when they were little, and they remember a nurse and how good it felt.”

Still others – including a lawyer and a dentist who became nurses at Wake Tech – want a career change.

“They just want to help people,” Milner said. “That’s the basics of this – giving care to others.”

AS IF TO ILLUSTRATE MILNER’S point, Haley Whitener, then a nursing student at Beaufort County Community College, told Higher Ed Works in 2019 how she recently lost her grandfather.

“That was actually how I was introduced to nursing,” Whitener says. “When you see a nurse take the time out of her day to explain something to someone that you love and to kind of put their mind at ease – that’s what really made me decide I wanted to be a nurse.

“I wanted to play that role in someone’s life where I could put their mind at ease and just give them that education and show them that compassion that they need.”

After her experience with her grandfather, Whitener said her first lecture on cardiac care “just clicked. I remember walking out of there feeling like, ‘This is something that I want to do.’”

She went on to work at a cardiovascular intensive-care unit at Vidant Medical Center and is preparing to return to school to become a nurse practitioner.

“Beaufort has definitely helped point me in the right direction and helped me figure out who I was and who I want to be and how to kind of get there,” Whitener says.
CHAPEL HILL (August 18, 2021) – The first time Lauren Kiefer arrived at Carrington Hall at UNC-Chapel Hill's School of Nursing, she got lost.

It's two buildings – an older one and a younger one – mashed against one another, and the hallways can indeed be confusing.

"I was a little bit surprised by the state of the building, ’cause I had an impression that everything would kind of be modern – new technology and all of that," Kiefer, who is pursuing her bachelor's degree in nursing in an accelerated program, says in the accompanying video.

Yet ceiling tiles are stained by water leaks. Wires hang from the ceilings in some places. And some office doors are blocked by yellow hazard tape that says "Caution" due to mold or asbestos inside.

University officials have sought funds to renovate Carrington Hall, the home of the School of Nursing, for several years. In Raleigh, state legislators approved $2.5 million last year to plan the $45 million project.

The NC House’s proposed version of the state budget for 2021-23 would provide $13.75 million in the first year of the budget for renovation and expansion of Carrington Hall and $18 million the second year.¹ The Senate’s budget proposal doesn’t include anything for the project.² So the difference will be resolved in a joint House-Senate conference committee in coming weeks.

Meanwhile, the School of Nursing says it simply wants to provide the most modern, up-to-date instruction for nurses – nurses who are in short supply. The state faces projections of a shortage of as many as 10,000 registered nurses by 2033.³

"Clearly we need to modernize our building so that students do have access to the latest technologies – to the technologies they’re going to be using when they go work in a hospital, or in a public health setting," says Dr. Cheryl Jones, a professor at the school.

"We need to be able to emulate those environments here in our School of Nursing."

Dr. Cheryl Giscombe, another professor at the school, says classrooms don't provide space for team-based care – an increasingly important element in health care today.
Another emerging aspect of nursing is tele-health, where patients have learned during the pandemic that they can visit their doctors online.

"I think this whole world of tele-health is a new frontier," says Jones. "I think we need to be better training nurses how to use tele-health, because I think it’s going to be one of the features of the pandemic that does remain."

Giscombe recounts how water leaks from rain and snow have led to mold in the current building, which can cause problems for students with asthma or allergies. And Jones describes how she was repeatedly moved out of her office in Carrington Hall for asbestos remediation.

“That’s not congruent with our mission in terms of promoting health around the globe,” says Giscombe. “We want to have an inviting space. People have high expectations when they come to UNC School of Nursing, because of our reputation.”

RALEIGH (August 20, 2021) – We’ve heard team-based care is increasingly important in health care – and it is.

But is there any question who spends the most time with patients, particularly in hospitals, nursing homes and assisted-living centers?

“Probably 99 percent of the time is nurse-patient contact,” Dr. Ann Marie Milner, Director of Nursing at Wake Technical Community College, says in the accompanying video.

“We’re there from the time they take a breath, when we start new life, until the time they go to heaven and they take their last breath,” Milner says. “So the nurses are really there.”
CHAPEL HILL (August 25, 2021) – Peter Hans has seen it both as President the UNC System and President of the NC Community College System: To solve North Carolina’s nursing shortage, it will take more instructors.

“If we could recruit and compensate nurses to actually prepare other nurses... then we would be better off in meeting what is one of the nation’s most acute nursing shortages,” Hans, who served as President of the Community College System before he became President of the UNC System, says in the accompanying video.

“While I think we’ve made progress in this area – and last year, we graduated almost 3,800 nurses from the UNC System, and the community colleges have produced similar numbers – there is more that can be done here,” he says.

“If we can recruit talented nurses to the classroom to prepare more nurses, we can help respond to the nursing shortage.”

North Carolina’s nursing students have stepped up during the coronavirus pandemic, not only caring for patients, but volunteering at testing and vaccination sites, Hans says.

“The work that goes on to prepare them gives me hope for the future. You don’t have to look too far beyond UNC Greensboro’s new ($105 million) nursing building to see that we’re making a commitment to this that we’re going to support the people of North Carolina by helping prepare nurses that will take care of all of us,” he says.

“And I’m grateful for their work – incredibly grateful for their work.”

3 https://www.higheredworks.org/2021/07/uncg-more-nurses/.
RALEIGH (August 25, 2021) – All too often, we take them for granted – until we get sick.

It’s then that we realize how critical North Carolina’s nurses are not only to our health, but to our workforce, our communities and our economy.

If we didn’t before, we’ve come to show nurses appreciation that’s long overdue after seeing the sacrifices they’ve made during the coronavirus pandemic.¹

Yet North Carolina faces projected nursing shortages that existed even before the pandemic: Shortages of 10,000 registered nurses – 10% of the RN workforce – and 5,000 licensed practical nurses – 20% of the LPN workforce – by 2033.²

Baby boomers are retiring, and burnout – especially during the pandemic – is a very real phenomenon that’s hastened some nurses’ departures.³

We’ve learned the shortage is not due to a shortage of students or demand – on the contrary, the state’s hospitals and long-term care facilities are clamoring for staff.⁴
No, it’s due to a shortage of instructors. When nursing graduates make more than their instructors – especially at North Carolina’s community colleges – it’s not hard to figure out.\(^5\)

Some institutions – like UNC Greensboro – have stepped up with new facilities to meet the state’s demand for more nurses.\(^6\) Others – like UNC-Chapel Hill – await approval from the state legislature to expand nurse education.\(^7\)

And North Carolina’s community colleges play a critical role in supplying nurses for rural health care, especially at assisted-living centers, nursing homes and rural hospitals. In particular, Southeastern and Robeson community colleges – as well as UNC-Pembroke – are doing a great job at it.\(^8\)

In this final installment of our Nurses: Help Wanted series, Dr. Erin Fraher, who studies the healthcare workforce at UNC-Chapel Hill’s Cecil G. Sheps Center, notes in the accompanying video that through migration, North Carolina imports as many nurses every year as it produces from its education systems.

But if other states start competing for nurses, North Carolina will need to produce more nurses on its own, Fraher says.

That’s a good investment, she says, especially when compared with doctors, dentists and pharmacists the state trains. North Carolina retains more than 90% of the nurses who graduate from its programs.

“That’s a large percentage,” she says. “That’s good news, because that means if the legislature invests in nursing programs in the state, the ROI – the return on investment for those funds in terms of having people practice in North Carolina – is high.”

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3 https://www.higheredworks.org/2021/07/nurses-burnout-is-serious/.
4 https://www.higheredworks.org/2021/07/uncg-more-nurses/.
5 https://www.higheredworks.org/2021/07/the-nursing-faculty-bottleneck/.
6 https://www.higheredworks.org/2021/07/uncg-more-nurses/.
ADN/ASN – Associate Degree in Nursing/Associate of Science in Nursing: Associate degrees in nursing generally involve a two-year program at a community college. Graduates can take the NCLEX-RN exam to become Registered Nurses.¹

BSN – Bachelor of Science in Nursing: A baccalaureate degree is awarded by a college or university and generally lasts four years. Graduates can take the NCLEX-RN exam to become Registered Nurses.²

CRNA – Certified Registered Nurse Anesthetist: Certified registered nurse anesthetists provide anesthesia to a variety of patients in a variety of settings and account for 65% of anesthesia care in the United States. There are six nursing anesthesia schools in North Carolina. Applicants must have a BSN or MSN degree.³

DNP/PhD – Doctor of Nursing Practice: Offered only at some universities.⁴

LPN – Licensed Practical Nurse: Licensed practical nurses receive a diploma from a community college where they generally complete three semesters of classroom and clinical work. LPNs work under the supervision of a Registered Nurse or other qualified health-care provider, often in an assisted-living or long-term care facility.⁵

MSN – Master of Science in Nursing: Generally offered by a college or university.⁶

NP – Nurse Practitioner: The most common type of advanced-practice nurse. Nurse practitioners can act as primary-care providers.⁷ A Nurse Practitioner must have at least a master’s degree and a collaborative practice agreement with a supervising physician to practice in North Carolina.⁸

RN – Registered Nurse: Graduates with a BSN or ADN/ASN can take the NCLEX-RN exam to become Registered Nurses, who typically work in hospital settings.

RN-to-BSN – Registered Nurse to Bachelor of Science in Nursing: Programs that allow an RN to earn a baccalaureate degree, sometimes in accelerated or online programs that last just three semesters.⁹

³ https://nursing.uncg.edu/academics/graduate/dnp/post-bsn-dnp-na/.
GROWING NURSING CRISIS IN NORTH CAROLINA

NC will face a nursing shortage by 2033

- 20% of LPN staff or 5,000 LPNs
- 10% of RN staff or 10,000 RNs

99% of patient/caregiver time is spent with nurses

Nurse burnout exacerbated by Covid-19 is NOT factored into the looming shortage

$82,000 - $88,000 cost to recruit, train and replace a lost nurse

Insufficient nursing faculty prevents more nurses from being trained

90% of NC nursing graduates remain in NC

Rural NC is particularly hard-hit by the nursing shortage even though:

- 80% of nursing graduates from Southeast NC go to work in rural counties
- 50% of UNC Pembroke BSNs go to work in rural counties

SOURCES
Dr. Erin Fraher, Director of the Program on Health Workforce Research and Policy at the Sheps Center
Sheps Health Workforce NC & NC Health Professions Data System
Dr. Ann Marie Milner, Director of Nursing at Wake Technical Community College
Dr. Cheryl Jones, Professor in the School of Nursing at UNC Chapel Hill

Download PDF of HEW Nursing Education Series here: https://bit.ly/3gYQOu5