

POLICY FORUM: ISSUE BRIEF

North Carolina's Nursing Workforce: From Shortage to Shared Stewardship

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Keywords: Dr. Yolanda VanRiel, North Carolina, Nursing workforce, workforce shortage, public health, issue brief

<https://doi.org/10.18043/001c.163605>

North Carolina Medical Journal

Vol. 87, Issue 2, 2026

North Carolina's nursing workforce challenge is a statewide access issue. Forecasts show persistent registered nurse (RN) and licensed practical nurse (LPN) shortages, uneven regional impacts, and pressure on schools, public health, long-term care, and hospitals. This issue brief frames workforce renewal through data, education pathways, retention, public health, school nursing, and community-based care models.

The Workforce Moment

North Carolina's nursing workforce challenge is not a single shortage issue but a web of related problems involving supply and demand, retention, education, and care delivery. These pressures affect hospitals, long-term care facilities, behavioral health systems, school health, public health, rural communities, and fast-growing areas in different ways. Although the state has more data, stronger educational resources, and greater cross-sector collaboration than ever before, the effects are still clear: when there are too few nurses, access to care shrinks, care teams are strained, students face delays in clinical training, and communities bear the impact.

NC Nursecast gives North Carolina a valuable planning tool. Developed by the Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research at UNC Chapel Hill, it projects registered nurse (RN) and licensed practical nurse (LPN) supply and demand across regions and care settings. Its baseline 2033 forecast is sobering: the state could face a shortage of nearly 12,500 registered nurses and more than 5000 licensed practical nurses.¹ These figures are more than deficits; they are a call for a coordinated workforce strategy that values every level of nursing preparation, every care setting, and every region of the state.

What the Data Are Telling North Carolina

Workforce data are most useful when they guide action. NC Nursecast projects the largest RN shortfall in hospitals, where demand could exceed supply by nearly 10,000 positions by 2033. For LPNs, nursing homes, extended care, and assisted living settings could face shortages of nearly 50% by 2033.^{1,2} The 2025 Health Talent Alliance (HTA) analysis adds a current operational perspective: although educational output is improving, North

Carolina still faces an annual deficit of 2710 RNs and an annual deficit of 620 LPNs.³ Open-position and churn data show why graduation numbers alone will not solve the problem. The report identifies a statewide RN churn of 42%, high RN open-position rates in behavioral health, public health, and long-term care, and a statewide LPN churn of 96%.³

Several terms help clarify the issue. A supply-demand gap is the difference between the number of nurses available and the number needed. An open-position rate measures authorized jobs that remain unfilled. Churn reflects movement into and out of organizations and signals instability, not just individual career mobility. These distinctions matter, because each distinction points to a different solution. Education increases supply, retention eases demand pressure, reentry strategies bring nurses back to practice, and healthy work environments help nurses stay in their roles long enough for students, patients, and communities to benefit from their expertise.

National data adds to the urgency of this issue. The National Council of State Boards of Nursing reports that more than 138,000 nurses left the workforce after 2022 and that nearly 40% plan to leave by 2029.⁴ Although North Carolina cannot control every national trend, it can respond by keeping nurses in practice, preparing more graduates, supporting faculty and preceptors, and creating pathways into the settings with the greatest shortages.

Education as a Statewide Workforce Strategy

North Carolina's higher education system is one of its strongest workforce assets. In 2024, the University of North Carolina (UNC) System awarded nearly \$29 million to 12 public institutions ([Table 1](#)) and the North Carolina Area Health Education Centers to expand nursing education through faculty support, equipment, larger class capacity, pre-nursing support, and high-quality training.⁵

Within this 12-school strategy, the state's historically Black colleges and universities (HBCUs) and minority-serving nursing pathways warrant special attention. UNC System HBCUs with nursing programs include Fayetteville State University, North Carolina Agricultural and Technical State University, North Carolina Central University, and Winston-Salem State University; the University of North Carolina at Pembroke adds an important minority-serving pathway for southeastern North Carolina.⁵ These institutions play a central role. They educate students who often have strong ties to underserved and rural communities. A workforce strategy that overlooks HBCUs and minority-serving institutions (MSIs) risks losing both talent and trust.

Community colleges are also essential. The North Carolina Community College System describes associate degree nursing as one of the fastest and most affordable paths into the profession, with routes that can begin in high

Table 1. University of North Carolina (UNC) System Institutions with Nursing Programs Included in the Statewide Nursing Education Expansion Strategy

Institution	Pipeline Contribution for Statewide Workforce Planning
Appalachian State University	Western and mountain region nursing pipeline
East Carolina University	Eastern North Carolina and statewide nursing pipeline
Fayetteville State University	HBCU (historically Black colleges and universities) nursing pathway serving the Sandhills and southeastern North Carolina
North Carolina Agricultural and Technical State University	HBCU nursing pathway serving the Piedmont/Triad and statewide workforce
North Carolina Central University	HBCU nursing pathway serving the Triangle, central North Carolina, and statewide workforce
University of North Carolina at Chapel Hill	Research-intensive nursing pathway serving the Triangle and statewide leadership needs
University of North Carolina at Charlotte	Charlotte-metropolitan and central Piedmont nursing pipeline
University of North Carolina at Greensboro	Triad nursing pipeline with Minerva mobile health community-engagement model
University of North Carolina at Pembroke	Minority-serving and southeastern North Carolina nursing pathway
University of North Carolina Wilmington	Coastal and southeastern North Carolina nursing pathway
Western Carolina University	Western and mountain region nursing pipeline
Winston-Salem State University	HBCU nursing pathway serving the Triad/Piedmont and statewide workforce

Table note. The institutional list reflects the 12 UNC System nursing program institutions named in the UNC System's 2024 nursing education expansion announcement.⁵ Regional/pipeline descriptions are the author's summaries, intended to show statewide reach.

school, prepare students for the National Council Licensure Examination (NCLEX), support dual enrollment, and lead to Bachelor of Science in Nursing (BSN) completion.⁶ The system's \$55 million health care talent pipeline initiative funded all 58 community colleges and included \$13.1 million for 32 Associate Degree in Nursing (ADN) or practical nursing programs, along with support for nurse aide programs.⁷ These pathways expand local access to nursing education and create advancement routes for certified nursing assistants (CNAs), LPNs, ADN-prepared RNs, and BSN-prepared nurses without requiring them to leave their communities.

LPNs as Essential Workforce Partners

The LPN workforce deserves focused attention. LPNs are essential in long-term services and supports (LTSS) nursing homes, home care, behavioral health, and other community-based settings. Yet projected LPN shortages are proportionally greater than RN shortages, especially in settings that serve older adults, people with disabilities, and residents with complex chronic conditions.² Strengthening LPN pathways, including LPN-to-ADN bridges and community college practical nursing programs, is not a secondary strategy; it is a direct way to improve access to care.

Expanding Access Beyond Traditional Settings

Public Health

Public health nursing is another critical part of the workforce discussion. The 2025 HTA analysis found a 24% RN open-position rate in public health settings.³ The North Carolina Division of Public Health's Office of the Chief Public Health Nurse supports state and local health departments through resources, consultation, technical assistance, training, and leadership.⁸ Its NC Credentialed Public Health Nurse Program (NCCPHN) provides structured education on the scope and standards of public health nursing and offers continuing professional development contact hours.⁹ This type of statewide infrastructure can help nurses enter, stay in, and lead public health practice.

School Nursing

School nursing should also be understood as a workforce, access, and prevention issue. The 2024–2025 Annual School Health Services Report found an average school nurse-to-student ratio of 1:876, 87 positions vacant for more than six months, more than 3 million student encounters, and 86% of students returning to class after seeing a school nurse.¹⁰ School nurses manage chronic conditions, support mental and behavioral health, respond to emergencies, oversee medications, and link health to attendance and learning. For many children and families, the school nurse is one of the most visible health professionals in everyday life.

Mobile Health

Mobile health should be part of the solution. University-based models such as the UNC-Chapel Hill Mobile Health Clinic, NCCU's Soar Mobile Health Clinic, and UNC Greensboro School of Nursing's Minerva's Mobile Health Unit and Minerva's Health Chariot show how nursing programs can connect clinical training with community access [12-15]. Minerva's fleet includes the RV-based Mobile Health Unit, launched in 2023, and the telehealth-enabled Health Chariot.¹¹ Together, they extend primary and preventive care across the Triad while giving nursing and nurse practitioner students hands-on community-based experience.^{12,13}

In this Issue

This issue of the NCMJ asks readers to view the nursing workforce as a shared public responsibility. Its articles and commentaries examine forecasting, NC Nursecast, employer demand, retention, reentry, nursing education, the 12 UNC System schools of nursing, community colleges, LPNs, school nursing, public health nursing, and mobile health. Together, they show that North Carolina's response must be comprehensive, coordinated, and sustained.

Meeting this challenge will require coordination. Education leaders cannot expand enrollment without faculty, preceptors, clinical sites, simulation capacity, student support, and sustained funding. Employers cannot retain nurses without healthy work environments, meaningful advancement, competitive pay, safety, flexibility, and leadership development. Public and school health cannot attract nurses if those roles remain overlooked in workforce planning. Communities cannot benefit fully from mobile health and prevention if those models are funded only as short-term projects. North Carolina's task is to align these pieces into a durable strategy.

Conclusion

Nursing has always been more than a labor category; it is a profession, a discipline, and a public promise. Recent federal action to narrowly define which graduate programs qualify as “professional degrees” for higher student loan limits while excluding nursing and other essential health professions only reinforces the urgency of this moment. North Carolina's response must be just as broad. The state needs more nurses, but it also needs more faculty, preceptors, school nurses, public health nurses, LPN-to-RN pathways, community-based clinical experiences, and incentives for experienced nurses to remain in practice. North Carolina's health future will depend on whether the state treats the nursing workforce as a core infrastructure priority. The data are clear, the opportunity is real, and the task now is to act with shared stewardship, urgency, and sustained commitment.

Declaration of Interests

The author has no financial support or interests to declare.

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Published: June 30, 2026 EDT.

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