

North Carolina's Community College Commitment to Nursing Education

H. Martin Lancaster

The most important task of North Carolina's community colleges is to prepare the people of our state for good jobs with great futures. Now and for the foreseeable future, healthcare, particularly nursing, offers a tremendous number of those jobs.

Health programs make up one of the largest, fastest growing and most important areas of study in the community colleges of North Carolina. Our community colleges educate most of the nurses and allied health personnel working in our state's hospitals, long-term care facilities, home health agencies, health clinics and doctors' offices.

About 60% of North Carolina's registered nurses (RNs) come from community college programs. The report of the Task Force on the NC Nursing Workforce notes that community college nursing graduates do very well, performing above the national average on their licensure exams; and that approximately 90% of our RN graduates stay in North Carolina to begin their nursing careers.

It just makes sense for the NC Community College System to devote time, talent and money to allied health programs, and it makes sense for our state to increase dramatically its investment in those programs.

Community College Nursing Programs

We are working hard to increase the number of associate degree students prepared to sit for their RN licensure exam. Currently, 51 of our 58 comprehensive community colleges campuses have associate degree programs with an enrollment of approximately 5,300 students.

We collaborate with baccalaureate institutions to increase the education level of the state's nursing graduates as well as to increase the number of graduates prepared to complete their degrees to become registered nurses. A number of our community colleges work with institutions within the University of North Carolina (UNC) System to provide degree-completion programs for nurses (RN-to-BSN) who have earned associate degrees in nursing and wish to obtain a bachelor's degree in nursing (BSN). While the bachelor's degrees come from the universities, many of these programs are physically located on

community college campuses and linked to universities by distance learning technology. Locating these programs on our campuses increases student enrollment and greatly strengthens the likelihood that underserved rural areas will have community college and university graduates who remain in that area.

We also offer a pre-major within our college transfer program for students who want to transfer into a nursing program at a university. This program is part of the Comprehensive Articulation Agreement with the University of North Carolina.

Our practical nursing programs have also grown in recent years, with more than 1,100 students enrolled in 34 programs. With the support of the healthcare industry, we have put significant effort into establishing and expanding programs for nursing assistants.

We are also involved in early recruitment of talented young people who should consider health as a career. A number of community colleges participated in the establishment of Allied Health Science Academies which provide courses in the health sciences areas to high school students. More than half of the system's colleges administer placement tests to approximately 8,000 students still enrolled in high school to determine the student's readiness for college level work.

In addition to these external partnerships, our community colleges work together to meet the needs of our students and the healthcare industry. These efforts involve collaborative agreements between our colleges. We have more than fifty health-related collaborative agreements between our colleges. These agreements assist in providing educational resources to as many students as possible by:

1. Providing classroom instruction in remote areas of the state;
2. Pooling available resources to provide cost-efficient education;
3. Providing arrangements for joint utilization of clinical sites; and
4. Eliminating the repetition of course requirements for our students.

H. Martin Lancaster is President of the North Carolina Community College System and a member of the Task Force on the NC Nursing Workforce. He can be reached at martinl@ncccs.cc.nc.us or 5001 Mail Service Center, Raleigh, NC 27699-5001. Telephone: 919-733-7051.

Barriers to Community College Nursing Program Growth

Despite all these programs and all these students, we know that we are not keeping up with demand. The nursing shortage is acute and growing. Community college programs at every level need to grow to meet that demand. However, we face significant obstacles to that growth.

First, the state provides funds neither to establish new community college programs nor to expand existing ones. Colleges must depend upon the generosity of private funders, such as The Kate B. Reynolds Charitable Trust, for start-up money. Neither does the state provide sufficient funds through the "FTE"¹ formulas to cover the actual costs of providing nursing education. Because health programs require low student-teacher ratios, specialized equipment and facilities, expensive supplies and highly qualified faculty, they cost much more than does the average community college program.

Second, many students come to us unprepared for the rigor of nursing programs. Most of our students are adults in their thirties and older. Many must strengthen reading, writing and math skills before they start their nursing courses. Many juggle complex family challenges along with their studies. These students can and do succeed; however, they need strong counseling and student support services along the way. Without that support, too many of them switch to less challenging programs or drop out completely, leaving community college nursing programs with a significant problem of student retention. Unfortunately, North Carolina's community colleges simply do not have enough counselors and other student support personnel to do the job that must be done for retaining these students.

Third, we are on the brink of a crisis in recruiting and keeping qualified faculty members. Part of the problem is money, plain and simple. Last year our system celebrated its fortieth anniversary. The dedicated men and women who were "present at the creation" are retiring in great numbers. Will we be able to pay enough to attract the next generation of great teachers? Not if we continue to stay mired at the bottom—literally—of community college faculty salaries in the southeast and near the bottom nationally. Current salary levels make it easy for business and industry to recruit faculty from our system. Another part of the recruitment problem is a shortage of nurses with advanced degrees. Currently, community college nursing directors must have at least a master's degree in nursing. To acquire a voluntary National League of Nursing (NLN) accreditation for each program, all faculty must hold a master's degree. A number of our colleges have had great difficulty in recent years convincing qualified directors prepared at the master's level to move into

their communities for the modest salaries they can offer.

Fourth, community colleges compete for clinical space with hospital and university programs and with each other.

Recommendations that Would Bolster Community College Nursing Programs

I am pleased that the Task Force on the NC Nursing Workforce has put forward thoughtful, significant recommendations addressing these important challenges in nursing education in North Carolina's community colleges.

I consider five of them to be of particular urgency.

1. The NC General Assembly should reclassify community college-based nursing education programs (ADN and PNE) as "high-cost" programs and provide additional funds (\$1,543.39) per FTE student to cover actual costs of operating these programs. (Rec. # 3.6)

While this would not solve the problem of funding for start-up and expansion, it would help keep community colleges from losing money on every student enrolled in these essential programs.

2. The General Assembly and/or private philanthropies should invest funds to enable NC community colleges to employ student support counselors specifically for nursing students and to provide emergency funds to reduce the risk of attrition for students in ADN and PNE programs. (Rec. # 3.8)

I find it difficult to imagine a better use of new money than this one. According to the report of the Task Force, "If these ADN nursing education programs could increase their retention/graduation rates by just 10%, given the fact that such a high proportion of these ADN graduates stay to practice in North Carolina, it could increase our annual number of new registered nurses by over 450 per year."

I believe that the best way to accomplish that goal is to provide

the strongest possible assistance to motivated students who want to succeed and simply need extra attention to make sure they do. Yes, it is tempting to say that we could achieve similar results if we

raised admission standards and enrolled only those students who had already succeeded in school. If we do that, however, we will close the "open door" to opportunity for many, many North Carolinians. The "open door" is more than a logo for North Carolina's community colleges; it represents what we do and why we do it.

"About 60% of North Carolina's registered nurses (RNs) come from community college programs."

1. Full-time equivalent student

3. The Comprehensive Articulation Agreement between the Community College System and the UNC System campuses (Associate in Arts degree), and the bilateral articulation agreements for students with an Associate in Applied Science degree (AAS) in Nursing and the UNC System, should be carefully evaluated and improved by the Transfer Advisory Committee (TAC) so that students wishing to advance from one level of nursing education to another will experience these transitions without course duplication. (Rec. # 3.28)

While not every registered nurse educated at a community college wants a baccalaureate degree, those who wish to specialize, teach and take on significant management responsibilities do. Some of our existing programs that help students earn BSNs work well; others, particularly the pre-major, need significant work. Following the mandate of the NC General Assembly in 2003, our System and the UNC System are now working with an independent consultant on a comprehensive review of our transfer programs, including those in nursing.

4. The NC General Assembly should increase funding to the NC Area Health Education Centers (AHEC) to offer off-campus RN-to-BSN and MSN nursing programs using a competitive grant approach which is available to both public and private institutions statewide. (Rec. # 3.20)

Graduate nursing education is not, of course, the business of community colleges. However, we depend upon this education for our instructors and directors and will support its expansion through shared facilities, distance learning technology and innovative collaboration. The Community College System is in strong support of having all of its already NC Board of Nursing-approved programs take an additional step of becoming nationally accredited by the National League of Nursing (NLN) voluntary accreditation process. This voluntary process requires that all nursing faculty hold a master's degree. To achieve this goal requires the availability of nurses with master's degrees and the funds to pay the salaries required.

5. Clinical facilities (hospitals and nursing homes, particularly), through their statewide trade associations, and in collaboration with all nursing education programs in their respective geographic areas/regions, should undertake to foster a more

transparent and equitable system for the allocation of clinical training sites among nursing education programs on a sub-state regional basis. (Rec. # 3.4)

Increased collaboration between and among all educational institutions must be done to put into practice the use of all available clinical facilities by all educational agencies, if we are to collectively increase the number of graduates prepared to sit for the licensure exams.

Necessary Resources

How quickly will the NC Community College System and our partners be able to act on these recommendations? As do so many things, a large part of that answer depends on money.

The state of North Carolina has been struggling for the past few years with one of its worst fiscal crises in recent memory. While the NC Community College System has been spared the depth of budget cuts that some other agencies have received, we have had to make many reductions even as we face escalating enrollments. Any more cuts, particularly in health areas, will severely limit colleges' ability to meet student and industry demand.

There is no feasible way, from a budget perspective, that the NC Community College System can maintain its current production and supply additional highly educated and qualified healthcare professionals to the marketplace with the current funding stream. The NC Community College System may soon be faced with enrollment caps, especially in nursing and allied health programs.

We would not be able to provide the quality or number of educational opportunities for our citizens if not for collaborative efforts with our local high schools, universities, local Area Health Education Centers, the NC Board of Nursing and the NC Center for Nursing. Financial support from hospitals and foundations and other state and private agencies is critical for implementing and expanding programs. We must develop a coordinated, comprehensive and systemic resource development framework statewide to capture resources, and include more state funds, which are needed to provide educational opportunities.

With our continued efforts and commitment to meeting the needs of our citizens, we will strive to reduce the shortage of nurses and other healthcare professionals. **NCMJ**