

## INTRODUCTION

The Foundation for Nursing Excellence (FFNE), a free-standing 501 c3 organization, was created in 2002 with the following Mission and Vision:

**FFNE Mission:**

*To improve health outcomes for citizens of North Carolina by enhancing the practice of nursing through leadership, development, research and demonstration projects.*

**FFNE Vision:**

*To become a significant conduit through which innovative ideas related to health and healthcare can be evaluated and disseminated to the principal arenas of professional nursing and healthcare practice in North Carolina.*

The major body of work initiated by FFNE with funding from both regional and national philanthropic entities has been related to nursing workforce development and carried out in collaboration with both academic and practice partners across the state. Projects have focused on enhancing the transition to practice for both newly licensed nurses (RNs and LPNs) and novice nurse practitioners as well as on facilitating and streamlining academic progression pathways for nurses to achieve the educational preparation needed in the 21st Century. [[www.ribn.org](http://www.ribn.org) and [www.ffne.org](http://www.ffne.org)]

Demand for an increase in the educational preparation of nurses is being driven by a number of forces including an older population with increased chronic and complex health conditions, a focus on population health and wellness promotion, value-based reimbursement, plus needed improvement in quality and safety outcomes and cost containment across our fragmented health care delivery system. These improvements require nurses to utilize high levels of critical reasoning, problem solving, and patient management skills at all levels of care, and there is a growing body of evidence that patients in acute care settings benefit when nurses with higher degrees provide care.<sup>1</sup> There is also an urgent need for academic progression to assure a sufficient pipeline for RNs, as well as for future faculty, administrators, and advanced practice nurses prepared at the master's and doctoral degree levels.

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## BACKGROUND AND CHALLENGES

As a major contributor to transforming our health care system and improving our nation's health, nursing is being challenged to significantly increase the educational preparation of its workforce over the next decade. As early as 2004, visionary North Carolina health care leaders mindful of the impact of our changing demographics on health care delivery, the increasing complexities of providing safe, effective care, and assuring an adequate pool of future nursing faculty as well as advanced care practitioners, recommended an increase in the number of RNs educated at the baccalaureate (BSN) level from less than 40% to 60% as compared to those educated at the associate degree (ADN) level<sup>2</sup>. The 2010 Institute of Medicine *Future of Nursing: Leading Change, Advancing Health Report* called for the

nationwide proportion of BSN educated nurses to be 80% by 2020<sup>3</sup>. Subsequently, the North Carolina Future of Nursing Action Coalition (NCFONAC) set the goals of achieving 80% of our RN workforce having BSN or higher degrees by 2025 as well as increasing the diversity of our workforce to reflect the populations being served. Often missing from the conversations about how to achieve these goals has been the recognition of the LPN workforce as an important source from which to increase both the number and diversity of the future BSN and higher degree nursing workforce.

As of May 2016, the NC Board of Nursing reported more than 128,600 RNs and 22,200 LPNs licensed in North Carolina<sup>4</sup>. Of these, approximately 98,200 RNs and 16,900 LPNs were employed in nursing and living in the state. Slightly more than 44% of these RNs hold a BSN or higher degree in nursing and another 44% hold an associate degree or diploma as their highest degree in nursing. The vast majority of LPNs hold a practical nurse diploma as their highest degree. The primary work settings for LPNs in NC in 2013 included long term care (36.5%), outpatient and community based programs including home health/hospice settings (17%), and solo or group medical practices (14.9%), while hospitals employed 6.5% in their inpatient settings. When comparing the racial diversity of North Carolina as reported by US Census Bureau [[www.census.gov/quickfacts/table/POP010210/37](http://www.census.gov/quickfacts/table/POP010210/37)] in 2014, in which 65% of the population is white and 35% non-white, with the diversity of our state's nursing workforce, LPNs more closely reflect the state population with 33.2% of LPNs and only 17% of RNs being non-white<sup>5</sup>. Thus, creating streamlined pathways for qualified LPNs to advance to the BSN level of education could significantly increase the diversity of our future BSN and higher degree nursing workforce.

In North Carolina, the two-year Associate Degree in Nursing (ADN) program is the prevailing level of pre-licensure RN nursing education with 54 community colleges and 4 private colleges offering the associate degree as compared to 20 pre-licensure BSN programs and 2 RN Diploma programs. Of the total 3554 NC graduates of pre-licensure RN education programs in 2015, the ADN programs educated 59.2% while BSN programs educated 38.5% and diploma programs educated 2.3% of these new RNs. In addition, there were 38 PN diploma (practical nurse) programs in North Carolina with a total of 737 new graduates in 2015. Of the total 4291 graduates in both RN and PN programs in 2015, 17.2% were from PN programs. In 2014-15 academic year, a total of 22 community colleges offered "Advanced Placement LPN-RN" options for LPNs wishing to progress to an associate degree in nursing but the number of transition courses required and amount of credit hours that may transfer to the ADN program vary by institution. During this same academic year, associate degree nursing programs reported a total of 3618 new student enrollments, 400 or 11% of whom were advanced placement LPN-RN students. Another 5 PN graduates were reported to have moved into generic BSN programs<sup>6</sup>. To date, none of the 12 state-funded university BSN programs offer specific bridge courses or advanced placement options for LPNs to transition into their generic BSN programs.

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## CURRENT ACADEMIC PROGRESSION INITIATIVES IN NC

In addition to the traditional RN-BSN programs offered by several universities in North Carolina, recent efforts have been focused on developing more streamlined pathways to support academic progression to increase the educational preparation of our nursing workforce. Beginning in 2010 with leadership from the Foundation for Nursing Excellence (FFNE) and in partnership with Western Carolina University and Asheville-Buncombe Technical Community College, we launched the four-year dual admission RIBN (Regionally Increasing Baccalaureate Nurses) pathway between community colleges and universities for associate degree RNs to complete their BSN degree at the beginning of their careers. At the same time, the community college system implemented a standardized concept-based curriculum for associate degree programs which greatly streamlined the ability for these programs to partner with university programs in the development of academic progression initiatives for RNs. By 2016 fall semester, the RIBN partnerships will enroll more than 500 RIBN students in the 32 associate degree nursing programs and 8 university BSN

programs participating in this new educational pathway. [[www.ribn.org/ribn-map](http://www.ribn.org/ribn-map)] This program is projected to annually add 150-175 more BSN-prepared nurses to the NC nursing workforce beginning in 2020.

In 2015, the State Board of Community Colleges and the Board of Governors of the University of North Carolina system signed and implemented a uniform RN-BSN Articulation Agreement outlining the courses required of graduates of any NC community college associate degree program for admission to any of the UNC system RN-BSN programs. This agreement is a significant step forward in streamlining academic progression for ADN graduates in our state. [[www.nccommunitycolleges.edu/news-center/news/state-board-community-colleges-unc-board-governors-sign-uniform-articulation](http://www.nccommunitycolleges.edu/news-center/news/state-board-community-colleges-unc-board-governors-sign-uniform-articulation)].

To support a smoother transition from PN to ADN education and practice, a concept-based curriculum was developed for implementation across all NC community college-based practical nursing programs by fall semester 2016. [[www.rcc.edu/nursing/](http://www.rcc.edu/nursing/)] Given this curriculum standardization at both the PN and ADN program levels, the timing was right to launch a statewide effort to determine the feasibility of offering a more streamlined and uniform pathway for LPNs to progress toward a BSN degree in North Carolina. With almost 17,000 LPNs, our most ethnically diverse group of nursing professionals employed and living in NC, it was incumbent upon our nurse leaders to assess current pathways for LPNs to transition to RNs as well as determine the need and interest in creating more streamlined pathway(s) for qualified LPNs to progress to a BSN degree.

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## **NC READINESS TO ADDRESS LPN-BSN ACADEMIC PROGRESSION CHALLENGES**

In December 2014, FFNE convened a small workgroup of nursing program leaders as well as representatives from the NC Area Health Education Centers program, the NC Board of Nursing and NC Community Colleges System to lead this feasibility study and, based on findings, make recommendations for future actions that North Carolina might take in addressing academic progression for LPNs. Information related to current LPN-BSN academic interest and/or initiatives to help build the nursing workforce of the future was gathered from a variety of stakeholders including LPNs licensed in NC, nurse educators at PN, ADN and BSN levels as well as employers from across the state, and nurse leaders from other states. Following is an overview of our findings:

### **LPN-BSN Academic Program Initiatives**

Information gathered from other states relating to LPN-BSN programs, their curriculum, admission criteria and successes, reflected both a limited number of focused LPN-BSN initiatives as well as a general lack of interest in creating and/or maintaining such programs based on a number of factors, including low admission and program completion rates as well as low first-time NCLEX RN pass rates. However, it should be noted that there are successful programs, some of which have been in place for more than two decades while other promising initiatives have more recently been initiated.

Based on the 1988 US Department of Health and Human Services Secretary's Commission on Nursing recommendation to find ways to facilitate upward mobility within nursing education<sup>7</sup>, and with grants from The Teagle Foundation, five universities successfully demonstrated how nursing education programs could recognize the LPN's advanced knowledge thereby allowing the LPN to expend less time achieving a BSN rather than starting over in a generic BSN program. Another important finding of this project was that LPN-BSN students, who were generally older and with more complex lives than generic BSN students, needed more counseling/support to be academically successful<sup>8</sup>. Two decades later, at least 2 of these universities continue to offer a streamlined LPN-BSN educational pathway. More recently, as one of the nine states participating in the 2012-2016 Robert Wood Johnson Foundation-funded *Academic Progression*

in Nursing initiative [[www.rwjf.org/en/library/articles-and-news/2012/03/robert-wood-johnson-foundation-launches-initiative-to-support-ac.html](http://www.rwjf.org/en/library/articles-and-news/2012/03/robert-wood-johnson-foundation-launches-initiative-to-support-ac.html)], Massachusetts has shown early success in building an LPN-BSN educational model coordinated by Fitchburg State University. [[www.fitchburgstate.edu/academics/undergraduate-evening-programs/lpn-to-bsn/](http://www.fitchburgstate.edu/academics/undergraduate-evening-programs/lpn-to-bsn/)]

In North Carolina, future planning or interest in developing LPN-BSN initiatives varied widely across both community colleges and university programs. As noted above, there are several associate degree programs that offer advanced placement LPN-RN transition options but there is no statewide consistency in either advanced placement requirements or additional hours required to complete an associate degree in nursing. To date, very few university nursing programs reported being actively involved in developing a LPN-BSN academic pathway due to one or more of the following reasons:

- Lack of resources (financial and human) to start a new academic initiative
- Lack of advisement, coaching and other wrap-around activities to support student success
- Limited “seats” and clinical sites available in BSN programs
- Competing priorities for program admissions
- Expressed concerns re. future existence of or need for the LPN role in the workforce

It should be noted that at least one private university plans to seek approval to begin an LPN-BSN transition program in 2017 and other private universities have expressed strong interest in working towards the goal of offering progression programs for LPNs.

#### **LPN Interest in Academic Progression**

In 2015, a survey questionnaire was sent to those LPNs currently licensed in North Carolina and with email addresses on file with the NC Board of Nursing (>19,700) to gather data on their interest in pursuing further education as well as to identify the obstacles/deterrents that make such progression difficult for those wishing to advance their careers. We received over 3400 completed surveys for a 17.3% response rate. Ninety-five percent of respondents reported that they were practicing in NC with 65% of respondents being over the age of 40. Seventy-five percent of those practicing in North Carolina reported being interested in pursuing further nursing education with 58% of these having the goal of achieving a BSN or higher degree. ***When asked specifically if they would be interested in a LPN-to-BSN educational pathway, 81% reported “Yes!”*** In addition, more than 500 or 15% of the LPN respondents reported being currently enrolled in a nursing program, 85% of which were in ADN programs.

However, even if interested in such a program, many obstacles to pursuing additional nursing education were noted in the responses with the most common concern related to the cost of an educational program. In general, obstacles to pursuing additional nursing education fell into three main categories:

- 1. Personal/family obstacles:** financial, family responsibilities, time
- 2. Educational program offerings:** cost, format (flexibility), location, capacity, lack of recognition of prior coursework
- 3. Employer/employment issues:** work schedule, employer support

Certainly the data obtained from this survey provide valuable insights that must be addressed if NC is to move forward with developing “viable” academic progression opportunities for LPNs to achieve a BSN or higher degree. Further findings from the survey are available at [[www.ffne.org/library/library/documents/lpn-bsn-educational-pathway.pdf](http://www.ffne.org/library/library/documents/lpn-bsn-educational-pathway.pdf)]

In a related study of LPN transitions to RN licensure between the years of 2001 and 2013, Jones found that 8% of the 39,398 LPNs licensed in NC during this time period had become RNs. This represents an annual average of approximately 1.4% of LPNs transitioning to RNs in NC. Interestingly, LPNs with certain socio-demographic (males, certain racial groups, and those from

rural areas) and professional (working in a hospital in-patient setting, or in a medical/surgical specialty) characteristics were more likely to transition to become RNs than others<sup>9</sup>.

### Employer Interest in LPN Academic Progression

Phone surveys and personal contacts were made with several health care systems and trade associations that included employers of LPNs in both acute and long-term care in NC. Employer feedback is summarized as follows:

- Many hospitals and healthcare systems no longer hire LPNs, particularly in their acute care settings
- Home Health and Hospice Programs currently employ a limited number of LPNs but trend is toward hiring only RNs because of LPN scope of practice limitations
- Nursing Homes continue to hire LPNs as majority of their staff and express interest in supporting qualified LPN employees to transition to RNs while remaining in their workforce
- Salary differences between LPN and RN pose a major financial challenge in the nursing home industry
- Veterans Administration Hospitals have expressed interest in supporting their LPN employees to further their education

It should be noted that information was not gathered from solo or group medical practices even though close to 15% of LPNs reported being employed in these settings.

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## RECOMMENDATIONS FOR LPN-BSN PROGRESSION IN NC

Based on information gathered during the our 18-month feasibility study, we believe there is sufficient interest on the part of currently licensed LPNs, educational programs particularly at PN and ADN levels, and employers of LPNs in North Carolina to continue dedicated efforts to implement streamlined pathways for qualified LPNs to transition to baccalaureate-prepared RNs. To date, LPNs have generally been an under-utilized resource to draw from as we build our nursing workforce for the future. With greater than 80% of the more than 3400 LPNs who responded to our survey stating they are interested in LPN-BSN educational pathways, the nursing leaders in our state need to build upon our current academic progression initiatives to include more streamlined pathways for LPNs to achieve their BSN degree.

In general, the LPN-BSN Feasibility Study Workgroup recommends that North Carolina intentionally commit to creating viable options for qualified LPNs to achieve a BSN as early in their careers as possible. Given the challenges that face both LPNs wishing to advance and nursing education programs wishing to offer academic progression opportunities, we recommend that the following three *post-LPN licensure pathway options* currently under exploration be in place by Fall Semester 2017. At that time, further evaluation/comparison should be carried out over a 3-year period to identify key success factors, challenges and next steps in assuring viable academic progression options for those who begin their nursing careers at the practical nurse level:

### 1. LPN transition into a generic BSN program being proposed by Methodist University:

Under this approach, LPNs would be eligible for admission to a generic BSN program after completion of all pre-requisite and academic courses required in the pre-baccalaureate nursing sequence. LPNs may be required to show one year of experience post-LPN licensure for placement into the program of study. Credit would be given for completion of selected PN and entry level RN nursing education courses. The option to challenge a pharmacology course will also help determine level of placement and progression in the LPN to BSN program and receive placement credit. Length of time to complete this career pathway would vary according to when all pre-placement courses are completed. Placement in the BSN program would generally occur in second semester of the junior year.



**2. LPN transition into a dual admission RIBN partnership, a three-year educational pathway to be initiated by Forsyth Technical Community College and Winston-Salem State University:\***

The RIBN LPN-BSN program includes all coursework required to complete an Associate Degree in Nursing (ADN) and a Bachelor of Science degree in nursing (BSN). Students are dually enrolled at a community college and a university for the first two years of study while completing general education and associate degree nursing classes. Following successful completion of the second year of study, students receive the associate in applied science degree (ADN) and are eligible to take the NCLEX-RN. After passing the NCLEX-RN, students continue at the university to complete the final three semesters of nursing coursework to earn their BSN. *\*Note that other community college-university partnerships are also considering this RIBN LPN-BSN pathway.*

**3. LPN to ADN to BSN transition program consistent with the RN-BSN Articulation Agreement being explored by Vance-Granville Community College and North Carolina Central University:**

This approach would consist of the student completing the LPN to ADN Transition Program as well as the other prerequisite courses at the community college level that meet the articulation requirements for entry into the RN to BSN program at NCCU. Length of time to complete this LPN-BSN program depends upon completion of the RN-BSN prerequisites but could be completed within 3 years for a full-time LPN-BSN student.

**Additional Challenges/Recommendations**

Based on our findings, if NC is to be successful in creating viable LPN-BSN pathways, we must address a number of personal and program challenges that LPNs currently face. The main challenges with recommendations to address them are grouped as follows:

**1. Admission/Transfer Requirements**

- Establish statewide standard for credits given for completion of a PN Diploma
- Include more use of information technology, preparation for successfully managing more rigorous academic challenges, as well as scope of practice and role transition from LPN to RN\* in transition/bridge courses
- At community college level, work toward both a statewide LPN-ADN Transition Agreement that connects with the RN-BSN Articulation Agreement as well as a uniform bridge to RIBN pathways
- At university level, establish statewide standards for LPN-generic BSN transition programs

*\*Note: LPNs who have been away from academia for 5 or more years may need more intensive preparation to perform well in the student role.*

**2. Program Flexibility/Capacity**

- Offer evening or week-end seated courses to accommodate work schedules
- Offer courses at employer sites to accommodate a cohort of students
- Utilize a hybrid of seated and on-line courses
- Provide a specified (and advertised) number of seats in ADN and/or generic BSN programs for LPNs wishing to progress

**3. Student Support Services**

- Provide pre-admission counseling/advising services to evaluate the applicant's readiness for academic advancement
- Provide wrap-around support services throughout educational program to better assure successful outcomes
- Expand advising/coaching services at secondary school level to assure completion of appropriate coursework to facilitate educational progression

#### 4. Financial Support

- List available loan/scholarship opportunities through a statewide website
- Create financial support opportunities to specifically support LPN-BSN progression at individual colleges as well as statewide

#### 5. Employer Support

- Provide financial assistance that may range from tuition reimbursement to reducing hours worked while maintaining full-time benefits;
- Provide space for on-site seated courses as appropriate
- Offer flexible staffing options for LPNs who pursue RN education via one of these proposed models.

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### IN SUMMARY

Given the level of interest on the part of currently licensed practical nurses as well as nurse educators and employers, the LPN-BSN Feasibility Study Workgroup recommends that North Carolina continue efforts to create one or more viable options for qualified LPNs to achieve a BSN as early in their careers as possible. This will require flexibility and commitment on the part of both academic institutions as well as employers of LPNs to support the success of these students by addressing the challenges that they face in combining employment, financial need and personal/family life with academic expectations. To date, LPNs have been an undervalued resource in our efforts to build the nursing workforce of the future. Now is the time for North Carolina to implement, evaluate and identify best practices for successfully providing academic progression opportunities for qualified LPNs to become part of our future baccalaureate and higher-prepared nursing workforce. We can do it!

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