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MEMORANDUM

To: Mr. Dalton Floyd, Jr., Chairman, and Members, Commission on Higher Education

From: Ms. Dianne Chinnes, Chairman, Committee on Academic Affairs and Licensing

Consideration of Consultants' Report on Existing Programs in Nursing

Summary of Process

During the week of October 6-10, 1999, the consultant team, whose members were nominated by the institutions under review and contracted by the Commission, visited all of the four-year public universities in South Carolina that offer degree programs in nursing. As stipulated in the Commission's *Guidelines for the Review of Existing Academic Programs at Public Sector Institutions*, the Commission staff charged the consultants with drafting a report on the status of baccalaureate and higher programming in the state in this discipline. As part of this report and in keeping with Commission policy, the staff also requested that the consultants recommend to the Commission formal status levels (i.e., Commendation of Excellence, Continuing Approval, Provisional Approval, Termination) for the programs they reviewed.

Attachment 1 details the programs that the consultant team reviewed at each institution and provides the recommended status for each program. Copies of the actual report are available to Commission members upon request.

Summary of Consultants' Findings

The strengths and weaknesses of each of the reviewed programs is delineated at the end of the section of the consultants' report which covers the particular institution at which these programs are located. In brief, the team's major findings are:

- South Carolina's public institutions are producing Bachelor of Science in Nursing-Generic (BSN-Generic) graduates who are able to become licensed upon taking the National Council Licensure Examination (NCLEX) for the first time.
- The institutions are assisting Registered Nurses (RNs) who are Diploma or Associate Degree Nurses (ADNs) to complete their bachelor's degree (BSN-Completion) either through on-campus or, at two institutions, by distance education programs.
- The three research institutions through their colleges of nursing are providing meaningful Masters of Science in Nursing (MSN) degree programs in both clinical nurse specialties and in nurse practitioner areas. The two institutions with master's degrees for nurse anesthetists (USC-Columbia and MUSC) are similarly providing good programs.
- The Ph.D. doctoral program in Nursing Science at USC is excellent in quality.
- In separate reports, the consultants recommended that USC-Aiken's request for a BSN-Generic program be approved and that MUSC's request for a Ph.D. program separate from USC-Columbia's be approved. (The Commission subsequently has approved both of these programs.)
- By allusion in the text and by inclusion in the appendices to their report, the consultants point to an impending crisis in the coming decade for demand of baccalaureate- and graduate-prepared professional nurses.

The consultant team recommends that all nursing programs of USC-Columbia offered through the College of Nursing be accorded a Commendation for Excellence for their outstanding quality. The consultant team also recommends that the BSN-Generic program at South Carolina State University be accorded a status of Provisional Approval. Subsequent to the visit of the consultants on January 25, 2001, the State Board of Nursing unanimously placed the BSN-Generic program at South Carolina State University on a two-year "conditional approval" based upon the NCLEX scores of its recent graduates. The Commission should retain the "Provisional Approval" of the BSN-Generic program at South Carolina State University until the State Board of Nursing lifts its "conditional approval." All other programs reviewed by the consultants were recommended for Continuing Approval.

By the time the report of the consultants had been received in May 2000, analysis of nursing education in the state had been proceeding in other forums in South Carolina. These analyses were more detailed in terms of supply and demand and focused on the relationship of educational programs to market forces (supply and demand) and on the equity of gender and racial representation within the nursing profession. Consequently, recommendations by the staff contained in this paper are based both upon the

consultants' analyses and the analyses found in the historical survey document and the Colleagues in Caring draft report to the Governor.

Analysis of Current Nursing Issues

In addition to the data on the information found in the consultants' report on the quality of South Carolina's public baccalaureate and graduate programs in Nursing, issues of supply and demand within the nursing profession emerged at approximately the same time. A statewide group, known as Colleagues in Caring, has been working for several years on these issues and others having to do with the future of the professional nursing workforce. An analysis was prepared which draws upon both the observations of the consultants and the work of the Colleagues in Caring group. This analysis (**Attachment 2**) looks at the historical context of the profession, its emerging professional roles, and national and state information which bears on supply and demand of the professional nursing workforce in the 21st Century. Once Colleagues in Caring issues its final report to the Office of the Governor, copies of this report will be shared with the Commission.

Recommendations

1. The Committee on Academic Affairs recommends approval of the following recommendations regarding the review of existing academic programs in nursing: (**See also Attachment 1**)
 - a. the approval of the consultant team's recommendations that all nursing programs reviewed at Clemson University, Lander University, University of South Carolina-Aiken, University of South Carolina-Spartanburg, and the Medical University of South Carolina and all off-site programs offered by these institutions at the University Center of Greenville, Francis Marion University, USC-Beaufort, or by distance education, be granted Continuing Approval.
 - b. the approval of the consultant team's recommendation that the Master's of Nurse Anesthesia (MNA) program at the University of South Carolina's School of Medicine and the BSN-Completion program at South Carolina State University be granted Continuing Approval.
 - c. the approval of the consultant team's recommendation that the BSN-Generic program at South Carolina State University be granted Provisional Approval, until such time that it is granted full approval by the State Board of Nursing.
 - d. the approval of the consultant team's recommendation that all programs of study in nursing which were offered through USC-Columbia's College of Nursing be granted a Commendation of Excellence.

2. In 2011, evaluation by the Commission shall take place for determination of need for the three doctoral programs in nursing (two Ph.D. programs and one N.D. program).

Attachment 1

Commission on Higher Education Existing Academic Program Review

Nursing Programs, Fall 1999

CIP	Degree Level	Program	Institution	Recommended Status
511601	BS	Nursing, Completion	Clemson University (Unv. Center of Greenville)	Continuing Approval
511601	BS	Nursing, Generic	Clemson University	Continuing Approval
511608	MS	Nursing	Clemson University	Continuing Approval
511608	MS	Nursing	Clemson University (Unv. Center of Greenville)	Continuing Approval
511601	BS	Nursing, Generic	Lander University	Continuing Approval
511601	BS	Nursing, Completion	Lander University	Continuing Approval
511601	BSN	Nursing, Generic	Medical University of SC (Charleston)	Continuing Approval
511601	BSN	Nursing, Completion	Medical University of SC (Charleston & Francis Marion)	Continuing Approval
511602	MSN	Nursing Health Care Systems	Medical University of SC	Continuing Approval
511603	MSN	Nursing-Individual Health Systems	Medical University of SC	Continuing Approval
511606	MSN	Nursing, Family Health Systems	Medical University of SC	Continuing Approval
511606	MSN	Nursing, Family Health Systems	Medical University of SC (Francis Marion Univ.)	Continuing Approval
511606	MSN	Nursing, Family Health Systems	Medical University of SC (Unv. Center of Greenville)	Continuing Approval
511607	PMCert	Nurse Midwifery	Medical University of SC	Continuing Approval
511609	PMCert	Neonatal Nurse Practitioner	Medical University of SC	Continuing Approval
511610	PMCert	Psychiatric Nursing	Medical University of SC	Continuing Approval
516999	PMCert	Nursing-Critical Acute/Care	Medical University of SC	Continuing Approval
516999	PMCert	Nursing-Gerontological	Medical University of SC	Continuing Approval
511601	BSN	Nursing, Generic	SC State University	Provisional Approval
511601	BSN	Nursing, Completion	SC State University	Continuing Approval

511601	BSN	Nursing, Completion	USC-Aiken	Continuing Approval
511601	BSN	Nursing, Completion	USC-Aiken (USC-Beaufort)	Continuing Approval
511601	BSN	Nursing, Generic & Completion	USC-Columbia	Commendation of Excellence
511602	MSN	Nursing Administration	USC-Columbia	Commendation of Excellence
511602	PMCert	Nursing Administration	USC-Columbia (Distance Education)	Commendation of Excellence
511602	PMCert	Nursing Administration	USC-Columbia	Commendation of Excellence
511608	MSN	Clinical Nursing	USC-Columbia	Commendation of Excellence
511608	PhD	Nursing Science	USC-Columbia	Commendation of Excellence
511610	MSN	Nursing-Community Mental Health & Psych	USC-Columbia	Commendation of Excellence
511611	MSN	Health Nursing	USC-Columbia	Commendation of Excellence
511699	PMCert	Advanced Practice Nursing	USC-Columbia (Distance Education)	Commendation of Excellence
511699	PMCert	Advanced Practice Nursing	USC-Columbia	Commendation of Excellence
511604	MNA	Nurse Anesthesia	USC-Columbia	Commendation of Excellence
511601	BSN	Nursing, Generic & Completion	USC-Spartanburg	Continuing Approval
511601	BSN	Nursing, Completion	USC-Spartanburg (Univ. Center of Greenville & Distance Education)	Continuing Approval

Analysis of the History of Nursing in Higher Education, Current Issues in Nursing Education, and Current and Future Workforce Issues for the Profession

Historical Background of Nursing Education in South Carolina and the Nation for Programs Leading to First-Time Licensure as Registered Nurse (R.N.)

The following historical information is helpful for understanding the origins and evolution of today's programs in nursing education at the **Bachelor of Science in Nursing degree (BSN)** and graduate levels:

- Nursing education began as training programs in hospitals and other health-related facilities in the mid-1800s. By 1916 **Bachelor of Science in Nursing (BSN)** programs had begun in universities.
- Until the 1950s, few baccalaureate programs existed. The dominant model of nursing education to become a **Registered Nurse (RN)** was the **hospital-based "Diploma Program."**
- Another higher education-based program leading to RN--the **Associate Degree in Nursing or "ADN"**--emerged in the 1950s. ADN programs grew much faster in enrollments than the BSN programs and today ADN graduates constitute about 2/3 of all RN graduates.
- To become a Registered Nurse (RN), a person must both complete a recognized nursing education program (which may be Diploma, ADN, or BSN) *and* pass a national examination known as the **National Council Licensing Examination or "NCLEX"**.
- In South Carolina only two public institutions, USC-Spartanburg and USC-Aiken, offer both the ADN and BSN degree programs. No Diploma program has existed at any hospital in South Carolina for a generation.

In the modern nursing profession, there exists only one bachelors-level nursing degree program, the Bachelor of Science in Nursing. Within this degree, however, there are two tracks: **1) the BSN-Generic track; and 2) the BSN-Completion track (also known as RN-BSN)**. The purpose of the Generic track is to produce graduates ready to take the NCLEX to become RN. The purpose of the Completion track is to allow RNs who are either ADN-prepared or hospital diploma-prepared to complete a bachelor's degree. BSN educators have encouraged RNs without the BSN to enter the BSN-Completion track. However, the nursing community's commitment to make the BSN the entry-level to professional nursing is built upon their professional assessment of the BSN-Generic track's curricular model as central to prepare nurses for understanding,

performing, and teaching others higher order skills, based upon a longer, deeper study of nursing needs than either the ADN or Diploma programs permit. It has been and continues to be a concern of the BSN community that ADN-prepared and Diploma-prepared RNs are often given as much legal and professional recognition through professional responsibilities and wages as BSN-prepared RNs.

“Advanced Practice” Nursing

The term “advanced practice” nursing refers to a multitude of skills sets that require a level of expertise so differentiated from general nursing caregiving as to assume the level of specializations requiring higher-level degree work. Through the 1950s, although both the ADN and BSN-Generic programs prepared students for first-time licensure as RNs, only baccalaureate programs contained options within them for developing advanced skills to serve professional nurses either as leaders of the nursing profession, health care administrators, or clinical experts in specialized fields.

By the 1960s and 1970s, “advanced practice” nursing in areas such as midwifery, clinical specializations, nursing administration, and nurse practitioner was removed increasingly to the Master of Science in Nursing (MSN) degree. The MSN quickly became associated with several broad areas of “advanced practice”: 1) clinical skill specialties found in specialized acute care hospital areas; and 2) specializations associated with nurse practitioner, midwifery, and other nonhospital-based healthcare delivery; and 3) development of administrative knowledge and skills as nurse administrators involving skills associated with healthcare economics and hospital administration.

In the 1960s the nursing profession began to experience the development of the first wave of doctoral programs. Some of these were considered “professional degree” or “clinical practice-based” doctorates (e.g., D.N.Sc., N.D., D.Sc.N.) Others followed the “academic degree” model (i.e., the Ph.D.) All of them stressed an advanced research component, although this element was relatively stronger in some than in others. Today, there are at least 78 of these doctoral programs—mostly Ph.D. programs—in the country.

The Proliferation of Nursing Roles

In recent decades the addition of many new roles available to professional nurses has seen the professional nursing corps maintain its traditional role as the front-line for patient advocacy and care, while assuming increased visibility in new areas such as the following:

- Advanced practice as either clinical nurse specialists or as “physician extenders” in their capacity as nurse practitioners.
- Gatekeepers evaluating eligibility for health services for HMOs and traditional health insurance plans.

- Community health experts
- Members of interdisciplinary healthcare research teams.

Traditionally, a significant number of masters-prepared nurses served either as didactic or clinical instructors in higher education-based nursing education programs. Although some members of nursing faculties had in the past been doctorally-prepared, the doctoral degrees they had earned came typically either from one of the hard sciences (e.g., biological science or chemistry) or from higher education. Today, the professoriate in nursing—especially in the baccalaureate and graduate programs—is increasingly expected to be doctorally-prepared in the discipline of nursing.

Taken together, all these trends have contributed to increased market demand for nursing skills and knowledge both within the profession’s traditional realms of responsibility as caregivers and educators and from newly emerging professional options where nursing skills and knowledge are sought after commodities.

Nursing Shortages and Possible Causes for Them

Throughout the country some questions confronting the nursing profession have become important enough to assume the status of “issues” with the broader public. The following issues will continue to invigorate debate about nursing in the near and intermediate futures. As Table 1 shows, since 1993, the numbers of enrolled students in the BSN-Generic programs in South Carolina have been relatively constant. (A comparison in the same table with enrollees in ADN programs shows a similar pattern.)

Table 1

	ADN Enrollments	BSN-Generic Enrollments
1993	1,095	532
1994	1,145	487
1995	1,070	478
1996	1,061	483
1997	1,053	506
1998	985	511
1999	1,125	439

Source: Office of Research and Statistics, Budget and Control Board, 1999

Likewise, as Table 2 shows, the numbers of graduates from BSN-Generic tracks have also been relatively constant in this time period. (The same can be said about the numbers of ADN graduates during this period of years.)

Table 2
Graduates from Generic Track*
Baccalaureate Degree Programs in South Carolina
1993-1999

Year	ADN Graduates	BSN Graduates	TOTAL	BSN % of Total
1993	881	378	1259	30.0%
1994	821	435	1256	34.6%
1995	833	483	1316	36.7%
1996	772	474	1246	38.0%
1997	831	461	1292	35.7%
1998	705	461	1166	39.5%
1999	823	402	1225	32.8%

*Figures are slightly skewed upward, since graduation figures reported by MUSC do not distinguish between the Generic and the Completion track.

Source: Office of Research and Statistics, Budget and Control Board, 1999

This stagnancy of enrollments and graduations in the BSN-Generic track has occurred in the context of an environment of greatly expanded role possibilities for nurses and significantly greater need as expressed by employers in the past three years. Likewise, South Carolina has added one new site (MUSC at Francis Marion) and one new private institution (Charleston Southern) for BSN-Generic programs during this time, yet the total numbers of graduates has not risen. The deficit in the South Carolina market between the production of new RNs from the state's nursing programs and the needs of employers has largely been filled by "importing" nurses from states in the Northeast and Midwest, from several Canadian provinces and the Philippines. Because the nursing shortage is now said to be growing, nationwide, and endemic, South Carolina's employers of nurses cannot continue to count on the availability of "imported" nurses to answer their employment needs.

With a profession that offers relatively good pay and benefits and is operating in an environment that continues to expand professional role options, questions arise why nursing enrollments have not responded to increased demand for nursing skills and knowledge. Multiple reasons have been suggested for this shortage, including:

- The impact of the Federal government's healthcare policy in the Balanced Budget Act of 1997. According to many experts, relatively severe employer reimbursement rates under Medicaid and Medicare for healthcare services was a fiscal disincentive to healthcare management teams for employing baccalaureate-prepared nurses.

- The aging of the professional nurse workforce. From 1996 to 2000, the average age of nurses has risen from 44.3 to 45.2, according to official figures from the federal Department of Health and Human Services.
- The stresses of hospital shift work are said to have caused prospective students to look to other professional possibilities.
- Proliferation of new opportunities within nursing has taken RNs out of hospitals and other acute care settings for front-line healthcare delivery in favor of the evaluation and monitoring of insurance claims for healthcare payments.
- Proliferation of career opportunities has taken increased numbers of mid-career nurses out of any health-related profession into other segments of the labor market.
- Nursing's reputation as a "female-only" and largely-white occupation has discouraged qualified males and minorities from investigating a nursing career.

The perception of the profession as tepid toward the incorporation of males and minorities is not useful for increasing enrollments in a career environment in which a chief characteristic of progressive professionalism is the active acceptance of both genders in the workforce. Like other professions perceived as gender-biased (e.g., elementary education, teaching in general and secretarial/administrative science), nursing has found itself contending with formerly male-only professional education programs of study (such as human medicine and veterinary medicine) which now are siphoning off a fair percentage of a fairly large pool of the talent base of young women from which the profession historically has drawn.

This "draw down" on the traditional female pool of applicants makes obvious the importance of beginning active recruitment of both talented males and minorities to the profession if there is to be a significant lessening of the nursing shortage, particularly at the baccalaureate degree entry level. Nevertheless, the nursing profession has been slow to respond to these twin challenges, as several important facts demonstrate.

- In an environment in which a chief characteristic of modern professional expectations is its openness to promote both genders in its ranks, nursing is one of the most gender-specific career fields in today's labor market. (Even professional engineering—once 100% male—is now reported to be 16% female in the United States. By contrast, nursing is 8% male nationally and 5% male in South Carolina, although the general population's percentage of males in both the country and the state is 48%.)

- Nursing continues to under-represent minority populations greatly in its professional ranks. The RN population is significantly whiter than the population base. The higher the educational attainment of the RN, the more likely it is that (s)he will be white. (In South Carolina last year, minorities, almost all of whom are African-American, accounted for 9% of the total RN population and 30% of the general population.)
- In the baccalaureate degree programs in public institutions in South Carolina in Fall 2000, there were only four male faculty members, two with tenure and two on tenure-track. Only three institutions of the seven had male faculty members: USC-Columbia, USC-Spartanburg, and South Carolina State University. None of the tenured male faculty was a minority; one of the two tenure-track faculty was a minority.
- In all the baccalaureate degree programs in public institutions in South Carolina in Fall 2000, there were only 13 African-American faculty members with tenure (N=9) or on tenure track (N=4). Nine of these thirteen were found at two institutions (Clemson and South Carolina State). One public institution had no full-time black Nursing faculty members.
- No specific plans in the state of South Carolina had been advanced to redress the gender and racial imbalances in the profession, in the professorate, or in the student bodies of public institutions by the time of the statewide review.

Professional nursing need not be a gender exclusive professional environment. One critical segment of the professional nursing labor market—i.e., the federal armed forces—demonstrates this fact convincingly by its significant acceptance of male nurses in recent decades. Overall, the professional nursing population in the Federal armed forces (99% of whom possess a minimum of a baccalaureate degree) is approximately 1/3 male. The percentage of baccalaureate-prepared nurses who are male is 40% in the Navy; 37% in the Army; and 31% in the Air Force. The long-term historical commitment to inclusivity for both ethnicity and gender has made the US Armed Forces a leader in gender and racial diversity of the professional nurse corps. Although no similar commitment has been observed in the civilian nursing sector, public policy which is designed to address the growing nursing shortage for RNs effectively must insist upon a clear plan for recruiting and retaining these subpopulations as well as traditional female talent into the student bodies and faculties in the state's public baccalaureate and graduate programs of nursing education.

In turn, planning to target inclusion of men and minorities into student bodies and faculties requires the availability of valid and reliable statistics, regarding student enrollments, student graduates, and faculty recruitment and retention. In this context, the following facts should be noted:

- all seven of the four-year public institutions which offer the BSN in Nursing now offer both the BSN-Completion and the BSN-Generic track.
- although degree enrollments and graduation rates in nursing programs in South Carolina have been recorded for many years, some institutions have not always reported these statistics differentiated between the Generic and Completion tracks. Thus, the capacity to quantify the number of eligible baccalaureate students to become new RNs is not as precise as it can and should be.

In recognition of the reporting problems and in preparation for the statewide review of nursing programs, the Commission requested from all institutions statistical information which clearly differentiated between BSN-Generic and BSN-Completion student enrollments from Fall 1994 through Summer 1999, as follows:

Table 3
Total Enrolled New BSN Students by Institutional Site and Program Track
Fall 1994-Summer 1999

INSTITUTION	BSN-Completion	BSN-Generic	Total	Percentage of institutional BSN-Completion to -Generic
USC-Aiken	161	0*	161	100%
USC-Aiken@Beaufort	44	0	44	100%
USC-Spartanburg	91	263	354	26%
USC-Columbia	214	512	726	30%
MUSC-Charleston	124	430	554	22%
MUSC-Florence	115	16**	131	88%
South Carolina State	5	87	92	0.5%
Clemson @Clemson	0	443	443	75%
Clemson@Greenville	148	0	148	25%
Lander	12	186	198	0.6%
Total	914	1937	2851	32%

*Generic program only added in Fall 2000

**Generic enrollments began only in Fall 1998

Source: Institutionally-supplied data for CHE Statewide Program Review, Fall 1999

Currently and in the past, some institutions have not reported BSN-Generic and BSN-Completion enrollment and graduation data separately. Only if this is done can

there be a reliable database for gauging accurately the numbers of new RNs being added to the pool of persons eligible to become RN.

In a time of greatly increased demand for nurses in the labor market, and in recognition of the very different functions played by the BSN-Completion and the BSN-Generic tracks, curricular choices need to be offered at times and in places which will maximize the enrollment of all eligible students. The scheduling of curriculum needs to be examined so that each track will be offered in places and at times to maximize student access and minimize costs to the State and time to degree.

As Table 3 shows, in recent years BSN-Completion track enrollments in baccalaureate programs has averaged 32% of the total baccalaureate enrollment in South Carolina's public institutions' baccalaureate degree nursing enrollments. Two of the smaller programs (Lander and South Carolina State) have enrolled very few Completion track students. In a time of "nursing shortage"—brought on by a growing gap between growing demand for nursing skills and fewer new RNs coming into the marketplace-- it behooves the State to maximize the numbers of students in the BSN-Generic track since this is the track that increases the number of new RNs in the nursing pool. For institutions which in the past have filled their BSN enrollments with BSN-Completion students, this may well mean a need to reconsider need to focus on recruitment to the BSN-Generic track at the expense of the BSN-Completion track at least until the nursing shortage has been better managed.

Historically, many students reporting an interest in the BSN-Completion track have simultaneously reported the requirement of on-campus classes to be a strong deterrent to completing their degree, because of the many conflicts which scheduled, on-campus classes inevitably have with their professional work as RNs and their family life. Recent advances in distance education allow coursework to be accessed at the workplace, in the home, at any hour of the day, and on any day of the week. In South Carolina, USC-Spartanburg has developed a statewide, SCETV-delivered format for the BSN-Completion track. All courses are offered on a given day of the week at 27 healthcare and educational facilities around the State. USC-Spartanburg has also begun to do courses on-line on the web and by CDs. Lander University has now asked approval for a web-based BSN-Completion program which is accessible anywhere in the State. To direct students to these kinds of programs would free space in other institutional campus-based programs for BSN-Generic students solely. Cooperative work by the departments and colleges of nursing in South Carolina to channel the vast majority of RN students to work-site and asynchronous delivered BSN-Completion programs of distance education can open additional slots for BSN-Generic students on campus and provide real assistance to maximizing enrollments and the production of new RNs.

Diversity in the Professoriate

In recent years with calls to remove the “chilly climate” for minorities and women in a host of academic programs, there has been a simultaneous call to bring minorities and women into these professoriates so that modeling for students and potential students in these populations can occur. Analysis of the Fall 2000 professoriate in South Carolina’s public institutions with four-year Nursing programs reveals few minorities and men.

Black Faculty Members Reported for Baccalaureate Nursing Programs in South Carolina’s Public Institutions of Higher Education, Fall 2000

Institution	Tenure	Tenure Track	Non-tenure track	TOTAL
Clemson	3	1	1	5
Lander	0	0	0	0
MUSC	1	0	1	2
SC State University	3	2	0	5
USC-Columbia	0	1	0	1
USC-Aiken	1	0	0	1
USC-Spartanburg	1	0	1	2
TOTAL	9	4	3	16

Source: CHEMIS

Of the total of 16 black faculty members, ten are found in two institutions: Clemson and South Carolina State University. Similarly, male faculty members are not highly visible within the faculties of the baccalaureate degree programs in South Carolina’s public institutions, as the following data demonstrate.

Male Faculty Members Reported for Baccalaureate Nursing Programs in South Carolina's Public Institutions of Higher Education

Institution	Tenure	Tenure Track	Non-tenure Track	TOTAL
Clemson	0	0	0	0
Lander	0	0	0	0
MUSC	0	0	0	0
SC State University	0	1	0	1
USC-Columbia	1	1	0	2
USC-Aiken	0	0	0	0
USC-Spartanburg	1	0	0	1
TOTAL	2	2	0	4

Source: CHEMIS

The ability of minority faculty to serve as models for minority students is limited for African-Americans in South Carolina's public institutions because of the small numbers of faculty and the concentrations of black faculty members in two institutions.

The non-existence of male faculty members in four of the seven public institutions' nursing programs creates a vacuum for modeling role behaviors for male students. Change toward inclusion of minorities and males in faculty recruitment patterns in South Carolina's public institutions' nursing programs would provide an important incentive to attract larger numbers of both minorities and males as students at a time when ethnic and gender diversification is necessary if the long-term nursing shortage is to be addressed aggressively.

Issues of Professional Scope of Practice for R.N.s According to Degree

The historical differences between BSN-educated and ADN-educated nurses has manifested itself in a variety of ways organizationally and politically. The following information is helpful in trying to understand the history and issues involved in this regard:

- Beginning in 1975 the American Nurses Association (ANA), the professional organization for baccalaureate-trained nurses, initiated efforts to have the state legislatures designate the BSN as the single point of entry to practice as a professional RN.
- The ANA effort to legislate restricted scope of practice for ADN graduates was successful only in North Dakota and has now been abandoned. However, the ANA has maintained its insistence on the

desirability of the BSN as the entry-level degree to professional nursing practice.

- Recognition of the BSN as the professional nurse has been advocated by other means in recent years. Most notably, the leadership of the nursing profession has increasingly come to espouse a voluntary, employer-backed plan to socialize newly-hired graduates of ADN and BSN programs differently into the workforce through a plan called the “Differentiated Practice Model.”

In the past several years, the Commission on Higher Education, the State Board for Technical and Comprehensive Education, the four-year and two-year nursing education programs, the SC Nurses Association, DHEC and other state agencies and private healthcare associations have joined in working through the Colleagues in Caring project (**See Agenda item 3.b**) to review the current supply of and demand for nurses, and to make efforts to shape the professional and sociological future of the profession to meet employers’ and the public’s needs. One of the outcomes of this project to date has been to draw attention to the differentiated practice model as a positive idea and possible opportunity to distinguish the defined scope of professional practice of ADN-prepared nurses from that of BSN-prepared nurses. Private sector employers have yet to embrace this model. The model may well come eventually to serve as a useful mechanism for distinguishing scope of practice and salary differentials. The need to create such a model in itself shows that within the nursing profession and the healthcare community considerable disagreement continues to exist about the appropriate mix between entry-level educational preparation and professional nursing practice.

Graduate Degree Programs: For Advanced Practice and Faculty Roles

Only three institutions—Clemson, USC-Columbia, and MUSC—offer advanced degrees in nursing. Clemson offers only the MSN with several tracks. USC-Columbia has offered since 1986 the Ph.D.; beginning Fall 2001, MUSC will also offer this degree. Both USC-Columbia and MUSC offer an array of MSN tracks for clinical specialties and nurse practitioner specialties. USC-Columbia began to offer a professional doctorate, the Doctor of Nursing (N.D.) in 1999, but this program was not reviewed by the consultants since it was so new.

There is no suggestion that graduate degree work in nursing is somehow excessive. There are two concerns about graduate programs in nursing in South Carolina’s public institutions which warrant more attention in the near future. First, in relationship to the nursing shortage expected by so many nursing experts in the next decade, many more graduate-prepared nurses will be necessary to replenish the expected decrease of current graduate-prepared nurses in both the healthcare workforce and the faculties of our nursing departments and colleges at public institutions of higher learning. Nurses who are graduate-prepared are older on average than nurses who are not graduate-

prepared and, thus, the expectation is that they will retire sooner than the regular RN corps. This issue is one to monitor to make sure that significant numbers of baccalaureate-prepared persons are encouraged to enter graduate schools of nursing, complete their graduate work, and stay in South Carolina afterwards.

A second issue for graduate programs is the appropriate mix between the MSN tracks in clinical nursing and those in the nurse practitioner area. While five years ago a move to create increased numbers of nurse practitioner tracks in the state emerged because of the arrival of managed care, some critics now assert that there are too many nurse practitioners in the state, that they cluster in the cities (when the promise was that they would be drawn to rural areas as "physician extenders"), and that they are serving populations with the ability to pay (when the promise was that they would be serving underserved populations.) By contrast, much of the nursing leadership of the state indicates a continuing interest in nurse practitioner enrollments and points to the lack of hard data to support the critique as stated here. Research should be undertaken and monitored to provide solid data on this topic and use that data to shape the direction of MSN programs either more in the direction of clinical nurse specialties or nurse practitioner programs as the facts suggest should be done. This research can only be carried out and monitored with a statistical analyst working on this and other nursing workforce issues on a full-time basis.

Doctoral education in nursing has expanded in the late 1990s in South Carolina with the addition of an autonomous Ph.D. program at MUSC and a new professional doctorate at the USC-Columbia. The professional doctorate at USC-Columbia, the N.D., was so new it was not reviewed by the consultants. The MUSC program was still in the proposal stage at the time of the consultants' visit. The consultants endorsed the MUSC proposal primarily based upon institutional capacity and a professional view that more Ph.D. programs in Nursing are needed to create more graduates. The consultants did not base their endorsement on statewide costs or the difficulties existing Ph.D. programs in nursing have had in filling their student enrollments.

The two new doctoral programs in South Carolina, along with the existing Ph.D. in Nursing Science at USC-Columbia, clearly provide a firm basis in choice for students interested in doctoral education. Whether these programs will be enrolled at appropriate levels is another question, since the Ph.D. at USC-Columbia has never met its targeted numbers of enrolled students and, nationwide, there has been a significant expansion of nursing doctoral programs but a stagnation of nursing doctoral enrollments. The coming ten years should be an ample time frame to consider the importance and the niches for each of the doctoral programs in nursing which now exist in South Carolina. At the end of that decade, depending upon the record of programmatic contribution to the state, these programs can be evaluated for either continuation or consolidation.

Conclusion

In the 1990s the numbers of institutions and sites offering of Bachelor of Science in Nursing programs (BSN) grew both in South Carolina's public and private institutions. Although the number of BSN programs and program sites have grown, they are neither collectively producing as many graduates as they were in the early 1990s nor are they producing the number that experts in nursing research and healthcare administrators agree that they need to produce in order to meet growing opportunities for persons with entry-level professional nursing skills and licensure.

The heart of the matter for producing qualified nurses is to focus on the production of the BSN-Generic track. The BSN-Generic track, as contrasted with the BSN-Completion track, actually creates baccalaureate graduates eligible to become new Registered Nurses. It is also the foundational track for a larger pool of students ready for graduate study to produce the next cohort of advanced practice nurses and nursing faculty members. For this reason, all institutions offering the BSN should examine how to increase the numbers of students in their BSN-Generic tracks. Those institutions with developed BSN-Completion distance education offerings should provide some emphasis on the Completion track to provide opportunities to RNs for completing the BSN. Historically, the numbers of RNs who have sought a BSN-Completion track has been low for a variety of reasons that have nothing to do with the ability or willingness of institutions of higher education to offer a highly accessible BSN-Completion track. Because these people are already Registered Nurses and are employed, to access a program by going to set-hour classes on campuses is a real disincentive to continuing their education. BSN-Completion programs by distance education that can be accessed at the work site or at home at any time convenient to the student offer the best hope for RNs with limited time for travel to campuses while supporting families and working to access the BSN-Completion degree. The state does not need more than a few distance delivered BSN-Completion programs. Institutions without distance delivered BSN-Completion programs should aggressively pursue the goal of significantly increasing their BSN-Generic student populations.

Men and minorities as a percentage of the professional workforce of RNs in South Carolina fall below both the percentages of these groups in the national civilian nurse workforce and the federal armed forces nursing corps. Males and minorities need to be recruited to and retained in the Generic tracks of South Carolina's public institutions' BSN programs in an aggressive manner if these programs are to fill the gap between supply and demand of RNs and compete with other disciplines for talented students. The pool of talented young women who used to be interested in nursing as a profession have many more options than in the past; and the nursing profession has done little to attract men and minorities to fill the void.

MSN programs at the three research institutions appear to be meeting the need for advanced practice nurses. Nevertheless, these programs should be examined in some depth to determine how well they are meeting employers' needs for clinical nurse specialists, as opposed to advanced practice nurses who are being master-level prepared as Nurse Practitioners.

Despite a contested history in South Carolina, doctoral programming in nursing is now bountiful. The Commission's approval of the Ph.D. in Nursing Science at USC in 1986 was followed by "cooperative" inclusion in that program by MUSC in 1994; the approval of a new Doctor of Nursing (N.D.) in 1999 at USC; and, subsequent to the statewide review, a new autonomous Ph.D. in Nursing at MUSC (2001). Monitoring these programs for productivity and acceptance of graduates into meaningful roles will allow the Commission to reevaluate the necessity for these three doctoral programs at the beginning of the next decade.