October 17, 2008

Dear Colleagues:

It is with great pleasure that we announce that our study of the factors influencing attrition from North Carolina Associate Degree Nursing (ADN) Programs is complete and available on our website at <http://www.shepscenter.unc.edu/hp/publications.htm>. The study was a collaborative effort between the North Carolina Health Professions Data System (HPDS) and the North Carolina Community College System (NCCCS).

The report details findings on three outcome measures: 1. the probability that an ADN student graduates within three years of enrollment; 2. the probability that an ADN program graduate passes the nursing licensure examination on the first the attempt; and 3. the contribution of ADN programs to the North Carolina nursing workforce.

Key Findings of the Study

Outcome #1

- Student demographic and socioeconomic characteristics are the most powerful predictors of on-time graduation. Race and age are key factors: younger students (age 18-23) are 14 percentage points less likely to graduate on time than older students (age 24-40), and compared to white students, nonwhite students are approximately 20 percentage points less likely to graduate on-time. Also less likely to graduate are older students (age 41 & over), and those with a GED or Pell Grant.

- Because the distribution of students at high risk for not graduating varies significantly between programs, graduation rates need to be risk adjusted to reflect a reasonable expectation of what a program’s graduation rate should be given their student body’s demographic and socioeconomic profile.

- After risk adjustment, programs were divided into three groups according to performance. Programs in the high performing group were more likely to use standardized tests in their admissions process, employed a higher proportion of master’s level faculty, tended not to employ the same faculty in clinic and lecture settings, and were more likely to require orientation for clinic instructors.

Outcome #2

- Students were more likely to pass the National Council Licensure Examination (NCLEX) if they enrolled in a program where more of the faculty had a master’s degree, that used standardized tests in the admissions process, or that had a higher science competency standard than the standard for the community college.
Outcome #3

- On-time graduates from NCCCS ADN programs have a high retention rate (90%) in the North Carolina RN workforce, and they tend to enter practice close to the communities where they are educated. For every 100 students who graduate from a NCCCS ADN program, 90 end up in practice in NC.

- Graduates of NCCCS ADN programs are twice as likely to practice in rural areas and three times more to practice in NC’s most underserved communities as compared to BSN students graduating from North Carolina programs around the same time. NCCCS ADN nurses are also more likely to practice in long-term care, home care/hospice, and mental health settings.

- More than 1 in 10 RNs who first earned their ADN later earned a BSN. These ADN to BSN nurses are twice as likely as nurses starting out at the BSN level to work in rural and underserved communities. This finding suggests that as the state moves toward ratio of a 60:40 BSN/ADN & diploma workforce there needs to be careful planning of pathways for ADN nurses to pursue BSN education.

NCCCS ADN on-time graduates have high workforce retention rates and tend to practice in rural and underserved areas, as well as in clinical settings with high vacancy rates. This makes a compelling case for investment in strategies to reduce attrition from NCCCS ADN programs. Study findings suggest that investing resources in reducing attrition rates from existing programs may be a more cost-efficient way to increase nursing supply in the state as opposed to opening new programs or expanding existing ones. While 100 new program slots would yield about 54 nurses to the workforce, graduating 100 new students would yield about 90 new Registered Nurses.

We hope you find this report helpful in your work.

Sincerely,
Erin Fraher