The Bulletin

The Official Publication of the North Carolina Board of Nursing.

CE Article — **The Role of Nursing Empowerment:** An Integrative Literature Review *(1.0 CH)*

Equity.   Integrity.   Agility.

NCBON
North Carolina Board of Nursing

The Bulletin

Mission
Protect the public by regulating the practice of nursing.

Vision
Exemplary nursing care for all.

message from the

CEO

"The season changes remind us of the ever-changing nature of life and the importance of embracing it." – Anonymous

On August 31, 2023, I experienced a great change in my life when I became a grandmother for the second time. The newest member of my family, Alora, has brought about many changes but this encourages hope and perseverance. I call upon each person reading this update to find the "thing" that brings you joy, hope, and strength to persevere.

During the September Board Meeting, a new Chair and Vice-Chair were elected by the members. Dr. LaDonna Thomas, DNP, ANP-C, VHA-CM, FFNMRCSI was elected as the 2024 Chair, and Dr. Lora Bartlett, EdD, MSN, RN, CNE as the 2024 Vice-Chair. I thank Dr. Racquel Ingram, PhD, RN, and Andrea Jeppson, LPN for their dedicated service as Chair and Vice-Chair, respectively. Additionally, members were recognized for the completion of their current board member term: Dr. Racquel Ingram, Andrea Jeppson, Tom Minowicz, and Frank DeMarco. Dr. Racquel Ingram, Andrea Jeppson, and Tom Minowicz will continue as board members for their second term beginning January 2024.

The funding of the NC Nursecast has propelled significant conversations related to the development of a sustainable, diverse nursing workforce. During the September Board Meeting, Dr. Fraher and her team presented updates on the NC Nursecast Model and the planned APRN Workforce Study. This presentation can be viewed on the NCBON's YouTube page.

Additionally, during the September Board Meeting, 3 Practical Nursing (PN) programs were approved by the Board, which increased the number of PN programs to 48. There are currently 62 Associate Degree and 37 Baccalaureate Nursing Programs approved by the NCBON. More information on the Approved NC Pre-Licensure Nursing Education Programs can be found on the NCBON website.

Each year, NCBON staff choose an organization to give back to the community. This year, we selected Logan's P.A.L.S (Preparing. Assisting. Leading. Succeeding). Logan established this non-profit organization when he was 9 years old (now 12 years old) to serve his community by providing clothes, food, and other items to those in need. During the September Board Meeting, Logan and his parents were presented with 17 sets of pajamas, 29 scarves, 33 jackets, 81 undergarments, 127 hats, 133 pairs of gloves, 266 pairs of socks, and many other items received the morning of the meeting. In addition, NCBON staff donated $155 to Logan's P.A.L.S. to expand his community service efforts!

The Bulletin continues to publish at least one free continuing education offering. If you are interested in publishing an article, please contact us at communications@ncbon.com to discuss the process. Thank you for all you do to provide safe care to patients across the state.

Regards,

Crystal L. Tillman, DNP, RN, CPNP, PMHNP-BC, FRE
Chief Executive Officer

message from the

Board Chair

Once again, I bring you sincere and warm greetings as chair of the North Carolina Board of Nursing (NCBON). My term as Board chair ends in December 2023 and it has truly been a rewarding and notable experience. It was an honor to work with such phenomenal Board staff and Board members. Collaboratively, we worked to uphold the Board's values (equity, integrity, and agility), to protect the public through nursing regulation, and to assure exemplary care for all!

Having served on different Board committees throughout my four-year tenure has also provided a wealth of insightful and valuable experiences. Having chaired and served on several committees such as the Hearing Committee, License Review Panel, etc., my favorite is the Education & Practice Committee. Adhering to all the committees' purpose and subsequently completing the related charges in support of the Board's mission and vision was personally and professionally rewarding. A standout regarding the Education & Practice Committee stems from my current practice area and passion for nursing education. As chair of this committee, I had the privilege to work directly with the Education & Practice team alongside other Board members, and was also able to collaborate with other nurse leaders and administrators throughout the state in support of operational practicalities related to educational and practice changes, revisions, or continuations.

Though my service as 2023 Board chair is ending, I am excited to have been re-elected for another four-year term as the BSN-Higher Nurse Educator. Thank you for actively using your voice and casting your vote! Our 2024 NCBON leaders, Dr. LaDonna Thomas as Chair and Dr. Lora Bartlett as Vice-Chair will continue to provide the leadership necessary for forward progression. I am just as excited to congratulate Andrea Jeppson, Licensed Practical Nurse, who currently serves as Vice-Chair, and Tom Minowicz, our appointed Public Member, back to the Board for another four-year term, starting January 2024. I would also like to welcome Dr. Carmen Shaw, Nurse Administrator, as our newest Board member. I am more than confident that she will bring a wealth of knowledge and valuable experiences to the Board in support of the mission, vision, and values. I strongly encourage all of you as my peers to consider serving on the Board. There is so much to learn and plenty to do as we are most definitely a working Board. Nomination forms for next year's voting cycle are being accepted through April 1, 2024. (See Page 7)

Finally, as we progress forward through the illness and wellness continuum in healthcare, on this wonderful and challenging journey dearly known to us as "nursing practice," remember to stay encouraged, be safe, and to especially commit to both physical and mental self-care! May we continue this journey with an ongoing quest for safer practice environments, access to necessary resources as a mainstay, and with the ability to practice within our fullest scope in ALL practice environments. Let us all reflect on the goals that we have accomplished this year and look forward to future aspirations with high energy, with the highest expectations, and with optimistic ambition! Sincerest blessings to all and thank you for this honorable opportunity.

Sincerely,

Racquel Ingram, PhD, RN
NCBON Board Chair

Logan's P.A.L.S.

PREPARING. ASSISTING
LEADING. SUCCEDING

"The world needs leaders who lead with love, compassion, and a genuine desire to make a difference."

-Anonymous

At 12 years old, Logan Thomas is already making his mark on the local charity landscape -- establishing a non-profit organization designed to serve individuals in need.

When the NCBON learned of Logan's P.A.L.S., the staff and board members leapt at the opportunity to support his efforts. On September 21, 2023 during the Board Business meeting, Logan Thomas along with his mother, NCBON Board Member Dr. LaDonna Thomas, was surprised to learn of the donations raised by the NCBON. In addition, NCBON staff raised a donation to Logan's P.A.L.S. of $155 for expanding his organizational efforts.

Logan addressed a room full of board members and staff during the meeting taking the opportunity to express gratitude -- not just for the organization, but for the future recipients of the donated items.

As we enter the season of giving, please consider donations to Logan's P.A.L.S. or another non-profit in your area.

Donated by NCBON

‣ 17 sets of pajamas

‣ 29 scarves

‣ 33 jackets

‣ 81 undergarments

‣ 127 hats

‣ 133 pairs of gloves

‣ 266 pairs of socks

‣ ...and many more items

To learn more about Logan's P.A.L.S. or to learn how to donate, please visit

Logan's P.A.L.S.
loganspalsnc.org

NCBON
North Carolina Board of Nursing

2024 Elected Officers & New Members

2024 Board Leadership

Dr. LaDonna Thomas, RN
Advanced Practice Registered Nurse
Chair

Dr. Lora Bartlett, RN
Practical Nurse Educator
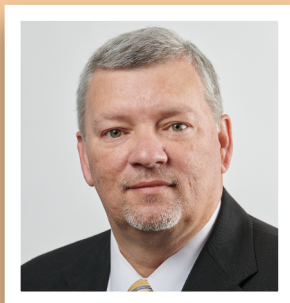**Vice-Chair**

Re-Elected Members

Dr. Racquel Ingram, RN
BSN/Higher Degree Nurse Educator
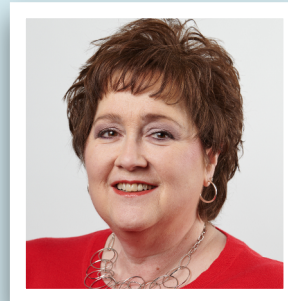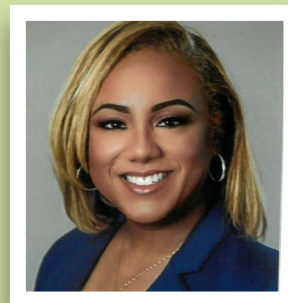
Andrea Jeppson
Licensed Practical Nurse

Re-Appointed Member

Tom Minowicz
Public Member

Newly Elected Member

Dr. Carmen Shaw, RN
Nurse Administrator - Hospital/Hospital System

New terms begin January 2024.
For information on your NCBON Board Members go to www.ncbon.com

NOMINATION FORM FOR 2024 ELECTION

Although we just completed a successful Board of Nursing election, we are already preparing for our next election. In 2024, the Board will have three openings: **Advanced Practice Registered Nurse (APRN), RN-Staff Nurse, and RN-Practical Nurse Educator**. The nomination form must be completed and received in the Board office or postmarked on or before April 1, 2024. Read the nomination instructions and make sure the candidate(s) being nominated meets all the requirements.

Instructions

Nominations for both RN and LPN positions shall be made by submitting a completed nomination form signed by at least 10 RNs (for an RN nominee) or 10 LPNs (for an LPN nominee) eligible to vote in the election. The minimum requirements for an RN or an LPN to seek election to the Board and to maintain membership are as follows:

1. Hold a current unencumbered license to practice in North Carolina;
2. Be a resident of North Carolina;
3. Have a minimum of five years experience in nursing; and,
4. Have been engaged continuously in a position that meets the criteria for the specified Board position, for at least three years immediately preceding the election.

Minimum ongoing-employment requirements for both RNs and LPNs shall include continuous employment equal to or greater than 50% of a full-time position that meets the criteria for the specified Board member position, except for the RN-At Large position.

If you are interested in being a candidate for one of the positions, visit our website at www.ncbon.com for additional information, including a Board Member Job Description and other Board-related information. You may also contact us at election@ncbon.com . After careful review of the information packet, you must complete the nomination form and submit it to the Board office, **postmarked** on or before April 1, 2024.

Guidelines for Nomination

1. RNs can petition only for RN nominations and LPNs can petition only for LPN nominations.
2. Only petitions submitted on the nomination form will be considered. Photocopies or faxes are not acceptable.
3. The certificate number of the nominee and each petitioner must be listed on the form.
4. Names and certificate numbers (for each petitioner) must be legible and accurate.
5. Each petition shall be verified with the records of the Board to validate that each nominee and petitioner holds appropriate North Carolina licensure.
6. If the license of the nominee is not current, the petition shall be declared invalid.
7. If the license of any petitioner listed on the nomination form is not current, and that finding decreases the number of petitioners to fewer than ten, the petition shall be declared invalid.
8. The envelope containing the petition must be **postmarked** on or before April 1, 2024, for the nominee to be considered for candidacy. Petitions received before April 1, 2024 deadline will be processed upon receipt.
9. Elections will be held July 1 through August 15, 2024. Those elected will begin their terms of office in January 2025.

Please submit completed
nomination form to:

2024 Board Election
North Carolina Board of Nursing
P.O. Box 2129
Raleigh, NC 27602-2129

We, the undersigned currently licensed nurses, do hereby petition for the name of
_____ **RN / LPN** *(circle one)*,

whose License Number is _____, to be placed in nomination as a

Member of the North Carolina Board of Nursing in the category of *(circle one)*:

Advanced Practice Registered Nurse (APRN) | **RN – Staff Nurse** | **RN – Practical Nurse Educator**

Address of Nominee: _____

Telephone Number: Home:_____ Work:_____

E-mail Address: _____

PETITIONER
At least 10 petitioners per candidate required.
Only RNs may petition for RN nominations. Only LPNs may petition for LPN nominations.

TO BE POSTMARKED ON OR BEFORE **APRIL 1, 2024**

Name	Signature	Certificate Number

NCBON Board Business Meeting

September 21, 2023 | Raleigh, NC

Board meetings are held each year in January, May, and September. Board meetings are open to the public and individuals are encouraged to attend either the full meeting or the Open Comment Period.

The purpose of the Open Comment Period is to provide members of the nursing community an opportunity to bring issues of concern to the Board. Individuals are encouraged to share their concerns, offer views, and present questions regarding issues that impact nursing and nursing regulation.

NCBON Board Meetings Channel on YouTube

Meeting Minutes

*Meeting minutes are transcribed for delivery to the State Archives. Historical accuracy of these minutes is paramount in this process. As such, official meeting minutes take longer to produce than recorded video.

Why does the NCBON engage in Strategic Planning?

According to Harvard Business Review, strategic planning is defined as "the ongoing organizational process of using available knowledge to document a business's intended direction. This process is used to prioritize efforts, effectively allocate resources, align shareholders and employees on the organization's goals, and ensure those goals are backed by data and sound reasoning" (Cote, 2020). Strategic planning is done to unify an organization's focus and ensure the work aligns identified goals with the mission and vision of the organization. Measurable targets help the organization objectively evaluate the effectiveness of the strategic plan by tracking progress and measuring success. Strategic plans also help an organization prioritize and guide the work of the governing board and staff.

The mission of the North Carolina Board of Nursing (NCBON) is to protect the public by regulating the practice of nursing. The vision is exemplary care for all. To develop a plan aligned with the mission and vision, the NCBON engages in strategic planning on a 4-year cycle to set the path for the organization. During the most recent strategic planning cycle, the mission, vision, and values are all reviewed to ensure each is appropriately described and representative of the work of the organization. Engagement in the ongoing strategic planning process is vital to ensure goals for today and in the future are identified, developed, executed, and modified as needed.

Strategic Initiatives

1 Enhance public protection through collaborative leadership

2 Advance best practices in nursing regulation

3 Cultivate an organization that supports diversity, equity, and inclusion

4 Foster mobility of licensed nurses and facilitate access to safe nursing care

Remaining nimble in the ever-changing platform of nursing regulation is key to the development of an effective strategic plan.

Long History of Strategic Planning

The NCBON's initial Strategic Plan "Nursing Regulation in the 21st Century" was presented to the full Board in September 1999. Study considerations included regulatory trends, legal analysis, cost/risk/benefit to the NCBON, people served and cost/relative benefits regarding other NCBON activities. The initial plan projected initiatives from Fall 1999 to 2003.

In 2001, the NCBON convened its first Strategic Planning Review Committee (SPRC) consisting

of Board members and Board staff with the guidance of a professional facilitator. The SPRC held regular meetings during the calendar year gathering, reviewing and analyzing literature and data to develop an evidence-based plan. The first formal Strategic Plan was presented to the full Board for approval in January 2002 (Strategic Plan: 2002 – 2005).

Since the first approved plan, the NCBON has convened five additional SPRCs using the same Committee structure and data collection process. The 2022 – 2025 Strategic Plan is located on the Board's website at Strategic Plan | North Carolina Board of Nursing (ncbon.com)

2022-2025 Strategic Planning Journey

In January 2021, the Board convened the SPRC for the purpose of reviewing the Board's Mission, Vision, and Values and establishing a Strategic Plan for 2022-2025. The Committee received, reviewed, and analyzed data from environmental scans, other nursing regulatory boards, and the National Council of State Boards of Nursing. Additionally, two surveys were utilized to gather additional information from external stakeholders and NCBON staff. Diversity, equity, and inclusion-focused questions were included in the external stakeholder survey.

An overview of each of the surveys is described below:

A group of eleven staff members volunteered to assist in developing the external stakeholder survey. A 19-question survey was developed to gather information from external stakeholders regarding matters related to nursing, nursing regulation, and current NCBON programmatic offerings to inform discussions as the Board engages in creating the next strategic plan. The

survey was posted on the NCBON website, Twitter, Facebook, and emailed to licensed nurses and an interested parties list maintained by the NCBON. The survey was publicly available from June 15 to June 28, 2021. During this timeframe, 1665 responses were received. The participants described their relationship to the NCBON as Nurse (n = 1563), Program Director (n = 48), APRN (n = 19), Nurse Employer (n= 16), Other (n = 8), Public (n = 7), and Occupational Licensing Board (n = 4). Major themes identified from the analysis of the responses to the open-ended questions include:

- *education*
- *workforce*
- *health care delivery*
- *knowledge deficit*

A group of 10 staff members created a 32-question survey to assess staff perceptions of internal and external factors that may impact the work of the NCBON. The online survey was distributed to staff via email/posting on Teams. Data collection occurred from June 14 to June 30, 2021. A total of 40 surveys were received. Major themes identified from the analysis of the responses included:

- *communication*
- *workforce*
- *telehealth*

After the Board Members reviewed all the information provided, the members engaged in conversations on establishing the Strategic Initiatives and Objectives. The strategic plan was drafted and presented to the full Board during the January 2022 Board Meeting. The approval of the Strategic Plan initiated the work of board staff in mapping out the plan.

Next, board staff began engaging in conversations about the approved strategic plan. Each department engaged its staff by developing targets specific to their work. These targets are then reviewed, edited, and approved by the Chief Executive Officer.

Strategic Plan Updates

During each board meeting, a strategic plan update is provided. If you are interested in learning more about the strategic plan and hearing the updates, visit NCBON's YouTube page to watch past meetings. During the January 2024 meeting a review of all achieved targets will be presented to the Board along with the 2024 targets.

Conclusion

With the mission of NCBON at the forefront of the strategic plan, NCBON has developed a plan that is focused on the health and well-being of the public while remaining agile to the rapidly changing needs of the practice of nursing. The NCBON has stretched staff from every department to be engaged in the development of the yearly strategic plan. This approach has been successful and ensures all staff are able to identify the benefits of thinking about the futuristic needs of the organization and the people we serve.

Sara A. Griffith
PhD, MSN, RN
Chief Nursing Officer
NCBON

Angela Ellis
Chief Administrative Officer
NCBON

Angie Matthes
MBA/MHA, RN
Director of Investigations
NCBON

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The Role of Nursing Empowerment: An Integrative Literature Review

Disclosure Statement — The following disclosure applies to the NCBON continuing nursing education article entitled "The Role of Nursing Empowerment: An Integrative Literature Review." Participants must read the CE article, online reference documents (if applicable), and the Reflective Questions in order to earn CE contact hours. Verification of participation will be noted by online registration. Neither the authors nor members of the planning committee have any conflicts of interest related to the content of this activity.

Provider Statement — The North Carolina Board of Nursing will offer 1 contact hour for this continuing nursing education activity.

The North Carolina Board of Nursing is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Learning Outcome: Nurses that complete the article will gain an increase in knowledge of the impacts of empowerment in nursing practice.

EARN CE CREDIT

INSTRUCTIONS

Read the article, online reference documents (if applicable), and the Reflective Questions.

EARN CONTACT HOUR CERTIFICATE

Go to www.ncbon.com and scroll over "Education"; under "Continuing Education," select "Board Sponsored Bulletin Offerings," scroll down to link, "The Role of Nursing Empowerment: An Integrative Literature Review." Register. Be sure to write down your confirmation number, complete, and submit the evaluation, and print your certificate immediately.

If you experience issues with printing your CE certificate, please email practice@ncbon.com. In the email, provide your full name and the title of the CE offering (The Role of Nursing Empowerment: An Integrative Literature Review).

Registration deadline is July 1, 2024.

The Role of Empowerment in Nursing Practice

Introduction

As the largest healthcare profession, nurses are essential to healthcare delivery. Effective healthcare delivery is reliant on nurses, which highlights the need to focus on strategies to enhance and retain the nursing workforce. Nurse empowerment has been found to improve unit effectiveness, nursing-sensitive outcomes, patient safety, patient satisfaction, and care efficiency (Bogue & Joseph, 2019), which leads to improved nursing care quality and organizational outcomes (Yesilbas & Kantek, 2021). An empowered work environment enables employees to face work-related challenges (Al-Hammouri et al., 2021). Structural empowerment consists of social structures in the workplace that provide employees with access to information, support, desired resources, and opportunities to learn and develop, which allows employees to achieve organizational goals (Kanter, 1993). Psychological empowerment is defined as a set of psychological states necessary for individuals to feel a sense of control over their work (Spreitzer, 1995). Psychological empowerment involves four cognitions, namely, meaning, competence, self-determination, and impact (Spreitzer, 1995). The use of evidence-based approaches to promote empowered work environments can assist nurse leaders to better meet the needs of nurses, patients, and healthcare organizations. This article will explore the need for empowerment in the workplace and the impact empowerment has on nurses, patients, and organizational outcomes.

Background

Nurses, through their unique relationships with patients, are positioned to significantly influence healthcare in the United States. Nurses are instrumental in organizational change and positive patient outcomes yet, for this to be possible, nurses need practice environments that are safe, empowering, and satisfying (Kroning et al., 2019). Empowerment in the workplace is an essential element of sustainable and high-functioning organizations (Abel & Hand, 2018). However, due to work environments and the stressful nature of the nursing profession, turnover rates and intention to leave among nurses remain high (Engström et al., 2022). Nursing is a high-stress profession with numerous job stressors. Job stressors include exposure to traumatic situations, violence, coworker conflict or bullying, high workloads, lack of sufficient staff or resources, and ineffective leadership, all of which can lead to decreased job satisfaction, increased turnover, and burnout (Heron & Bruk-Lee, 2020). Nurse leaders must examine the impact job stressors place on nurses to create a workplace that motivates and enables nurses to develop their full potential. Nurse empowerment leads to higher job satisfaction and lower turnover, which can improve nurse retention (Fragkos et al., 2020). With the current changes in the nursing workforce, now more than ever, it is critical for nurse leaders to understand the importance of empowerment and how empowerment can positively impact nurses, patients, and healthcare organizations.

Nurse Turnover and Retention

The turnover of nurses has widespread impacts and is a major concern for the healthcare industry. In the last five years, the average hospital turned over 95.7% of the RN workforce (NSI Nursing Solutions, 2022). Nursing turnover is costly, compromises care delivery, and negatively impacts both nursing and patient outcomes (Bae, 2022). Costs related to the orientation and training of new nurses along with overtime expenses associated with

vacant positions comprise the largest proportion of expenditures related to nursing turnover (Bae, 2022). Nurse turnover creates poor work conditions that can be detrimental to patient care and safety, and create unnecessary healthcare expenditures (Bae, 2022). A healthy work environment is important for nurses' well-being, successful nurse recruitment, and retention, and the quality and safety of patient care (Wei et al., 2018). Healthy work environments that promote empowerment are positively correlated with employee engagement, organizational commitment, and decreased turnover (Wei et al., 2018). Research has also shown that psychological empowerment correlates to reduced stress and lower turnover intention among nurses (Heron & Bruk-Lee, 2020). Due to the negative impacts of nurse turnover, nurse leaders must implement strategies to reduce nurse turnover and increase nurse retention.

Job Satisfaction

Another important nurse outcome critical for organizational success is nurse job satisfaction. Nurse job satisfaction significantly impacts patients, the organization, and nurses' quality of life and well-being (Barmanpek et al., 2022). Job satisfaction refers to an individual's psychological and physiological satisfaction with the work itself and the environment in which the work is conducted (Alan et al., 2022). Negative or unhealthy work environments create increased job stress and poor nurse well-being, which can lead to decreased job satisfaction and increased turnover (Barmanpek et al., 2022). When nurses have low job satisfaction, patient care and safety are negatively impacted (Alan et al., 2022). Organizations and leaders need to focus on efforts to improve job satisfaction to retain the nursing workforce and maintain quality patient care.

Burnout

Due to the demands of today's healthcare environment, nurses may experience burnout. Nurse burnout is a widespread phenomenon characterized by a decline in nurses' capacity, which manifests as emotional stress, depersonalization, and unhappiness, that results in decreased workplace productivity (Grande et al., 2022). Nurses cannot appropriately care for patients if they do not prioritize their physical and mental well-being. Nurse burnout leads to compromised decision-making, reaction time, and critical thinking (Wei et al., 2020). Long work hours, excessive workloads, staffing issues, and complex patient assignments can lead to burnout and fatigue (Teall & Melnyk, 2021). Nurse burnout is associated with higher rates of depression, anxiety, substance use disorders, and suicide (Teall & Melnyk, 2021). The increased prevalence of nurse burnout has been recognized as a hazard to quality patient care and safety (Wei et al., 2020). Approaches to address nurse burnout and create work environments that support the nursing workforce are needed in today's healthcare landscape.

Nurse Empowerment Influences

Leadership style, leadership behaviors, work environments, and job performance impact the level of nurse empowerment within an organization. Each of these factors are closely related and influences one another. Leadership styles and behaviors influence the

work environment within the organization which can positively or negatively impact job performance. Effective nursing leadership allows for a work environment where nurses use their power and influence to enhance patient care and achieve organizational goals (Amor et al., 2020). All of these factors play an active role in fostering a culture of empowerment.

Leadership Styles

The role of leadership styles on nurse empowerment has been thoroughly discussed in the literature. Leadership style influences the work environment and the way employees perceive their work (Amor et al., 2020). Leadership style can influence both structural and psychological empowerment among nurses. While there are a variety of leadership styles used in healthcare settings, transformational, authentic, and relational leadership styles are positively correlated to nurse empowerment (Cummings et al., 2018; Khan et al., 2018; Shapira-Lishchinsky & Benoliel, 2019), while laissez-faire leadership is associated with a decrease in empowerment among nurses (Khan et al., 2018). Transformational leadership is associated with increased nurse satisfaction, retention, and organizational commitment (Khan et al., 2018). Authentic leadership is associated with an increased perception of influence or power among nurses which can lead to an increased sense of purpose and personal connection to their work (Shapira-Lishchinsky & Benoliel, 2019). Nurses who have a sense of power and purpose in their work are more likely to positively impact the organization and perform above and beyond their formal role (Shapira-Lishchinsky & Benoliel, 2019). Relational leadership is positively associated with productivity and effectiveness, teamwork and collaboration, employee retention, job satisfaction, employee health, and the working environment (Cummings et al., 2018).

Transformational, authentic, and relational leadership styles positively impact nurses' perceptions of their work environment which can significantly influence nurse empowerment.

Leadership Behaviors

Much like leadership styles, leadership behaviors are commonly seen in the literature related to empowerment. Leaders who invest in nurses through professional development and leadership opportunities, allow for shared decision-making, promote collaboration, acknowledge nurses' contributions, provide appropriate feedback and mentorship, and have open communication are viewed as more empowering leaders (Connally et al., 2018; Cziraki et al., 2020; Gholami et al., 2019). Leadership behaviors that promote nurse empowerment have been found to improve organizational commitment and trust among nurses (Gholami et al., 2019) as well as decrease the prevalence of supervisor incivility and nurses' intention to leave both the organization and the profession (Yurumezoglu & Kocaman, 2019). Additionally, leadership behaviors that enhance the meaningfulness of work, foster high performance, facilitate goal achievement, and enhance autonomy have been found to improve self-efficacy (Cziraki et al., 2020). Self-efficacy leads to higher levels of motivation and empowerment, which is associated with improved nursing and patient outcomes (Cziraki et al., 2020). Structural and psychological empowerment are directly impacted by leadership behaviors.

In today's healthcare environment, nurses at all levels of the organization must be leaders in some capacity. Structural and psychological empowerment can strengthen nurses' leadership behaviors (Abel & Hand, 2018). Leadership behaviors of both formal and informal leaders impact the culture of

empowerment within a unit, department, or organization. Poor structural and psychological empowerment can lead to work environments where nurses lack the ability to serve as a leader. Therefore, organizations and nurse leaders must identify optimal leadership behaviors that promote positive work environments and strengthen empowerment structures.

Work Environment

Work environments can either positively or negatively impact nurse empowerment. Work environments where nurses are empowered are associated with positive patient and nurse outcomes (Lundin et al., 2021). Despite efforts to improve nurse work environments over the last decade, recent research indicates the health of nurse work environments has dramatically decreased since 2018 (Ulrich et al., 2022). Although numerous factors impact nurse work environments, structural empowerment is consistently positively correlated to healthy work environments (Balay-odao et al., 2022; Choi & Kim, 2019; Cziraki et al., 2020; Eyuboglu et al., 2019; Ta'an et al., 2020; Teixeira et al., 2021). Work environments are strengthened through professional governance models (Choi & Kim, 2019) and interprofessional collaboration (Cziraki et al., 2020). Additionally, nurses who perceive their work environments as empowering report higher problem-solving abilities (Eyublu et al., 2019). Work environments with lower patient ratios allowed nurses the time and opportunity to be involved in organizational activities, which led to improved empowerment (Ta'an et al., 2020). Healthy work environments and empowerment go hand-in-hand. Strategies to improve work environments will promote empowerment and enhance the nursing workforce.

Work environments are comprised of interrelated multidimensional concepts. Characteristics and demographics of the nursing workforce contribute to the work environment and impact work engagement. Millennial nurses prefer a structured work environment where they have access to opportunities for career advancement, work flexibility, acknowledgment of work performance, and work/life balance (Balay-odao et al., 2022). Nurses with more nursing experience and longevity in their positions report higher levels of structural and psychological empowerment, which can be attributed to more established social and internal networks as well as increased confidence and meaning in their role (Teixeria et al., 2021). With the current multi-generational nursing workforce, healthcare organizations, and leaders must vary leadership approaches to improve nursing work environments, as each generational group brings differences in attitudes, beliefs, work habits, and expectations.

Job Performance

Job performance is a complex phenomenon that requires leaders to examine multiple variables that improve job performance. Job performance is defined as the result of an organizational activity or task over time (Al-Hammouri et al., 2021). While numerous factors contribute to job performance, a positive correlation exists between empowerment and job performance (Al-Hammouri et al., 2021; Ta'an et al., 2020; Tan & Conde, 2021). Job performance improves when nurses are structurally and psychologically empowered (Al-Hammouri et

al., 2021; Heron & Bruk-Lee, 2018). Components of structural empowerment, which include access to information, support, resources, and opportunities, all contribute to job performance. As the components of structural empowerment improve, so does overall job performance (Al-Hammouri et al., 2021; Ta'an et al., 2020). Nursing workforce demographics can also impact empowerment and job performance. Job performance and structural empowerment improve as nurses age and gain more experience within a position or organization (Tan & Conde, 2021). To maximize job performance, healthcare organizations should promote work environments where nurses are empowered.

Implications

Leadership style, leadership behavior, work environment, and job performance are consistently observed in the empowerment literature. Workplace empowerment is an important contributor to organizational effectiveness and success (Balay-odao et al., 2022; Cziraki et al., 2020; Gholami et al., 2019; Khan et al., 2018; Shapira-Lishchinsky & Benoliel, 2019; Teixeira et al., 2021; Yurumezoglu & Kocaman, 2019). Transformational, authentic, and relational leadership styles increased nurses' perceptions of structural (Cummings et al., 2018; Khan et al., 2018) and psychological (Shapira-Lishchinsky & Benoliel, 2019) empowerment. Leadership behaviors such as effective communication, collaboration, shared decision-making, recognition, support, trust,

"Leadership behaviors such as effective communication, collaboration, shared decision-making, recognition, support, trust, and visibility were associated with increased levels of nurse empowerment."

and visibility were associated with increased levels of nurse empowerment (Connolly et al., 2018; Cziraki et al., 2020; Gholami et al., 2019; Yurumezoglu & Kocaman, 2019). Work environments that foster autonomy, shared decision-making, nurse leader support, and control or influence over patient care and the work environment had higher levels of structural empowerment (Balay-odao et al., 2022; Choi & Kim, 2019; Cziraki et al., 2020; Eyuboglu et al., 2019; Teixeira et al., 2021). The concept of opportunity related to structural empowerment was most frequently experienced by nurses (Balay-odao et al., 2022; Choi & Kim, 2019), while formal power was experienced the least (Balay-odao et al., 2022; Gholami et al., 2019; Ta'an et al., 2020). Concepts of psychological empowerment such as meaning, competence, and impact had the most positive influence on work environments (Cziraki et al., 2020; Shapira-Lishchinsky & Benoliel, 2019; Teixeira et al., 2021). Job performance improves as nurses' empowerment increases (Al-Hammouri et al., 2021; Ta'an et al., 2020; Tan & Conde, 2021). Among studies that analyzed participant demographics, several identified that as nurses age, gain more experience, and have longevity in a position or department, their perception of empowerment increases (Cziraki et al., 2020; Eyuboglu et al., 2019; Khan et al., 2018; Tan & Conde, 2021; Teixeira et al., 2021). These findings support the need for organizational leaders to focus efforts on ways to improve empowerment among the nursing workforce to improve performance and retention.

Efforts to improve nurse empowerment require a great deal of support from organizational leaders. Strategies to improve nurse empowerment are multifaceted and should focus on both structural and psychological concepts. Education, competency development, and

coaching/mentoring for nurse leaders on leadership styles and behaviors are beneficial to create positive work environments (Cziraki et al., 2020; Khan et al., 2018; Shapira-Lishchinsky & Benoliel, 2019; Ta'an et al., 2020). Organizations should implement structures, policies, and procedures to create work environments where nurses have access to resources, information, opportunities, and support (Al- Hammouri et al., 2021; Balay-odao et al., 2022; Choi & Kim, 2019; Connolly et al.,2018; Eyuboglu et al., 2019; Gholami et al., 2019; Tan & Conde, 2021; Teixeira et al., 2021; Yurumezoglu & Kocaman, 2019). Shared decision-making is essential to nurse empowerment (Balay-odao et al., 2022; Choi & Kim, 2019; Connolly et al., 2018; Cziraki et al., 2020; Yurumezoglu & Kocaman, 2019). Nurses can benefit from professional development and education related to structural empowerment (Tan & Conde, 2019). Professional development should also focus on ways to improve concepts of psychological empowerment as psychological empowerment is influenced by the organizational environment (Gholami et al., 2019; Shapira-Lishchinsky & Benoliel, 2019). Nurse leaders improve psychological empowerment when they foster a sense of purpose and meaning among nurses in the organization (Gholami et al., 2019). Recognition, rewards, and incentives for contributions and performance can also improve empowerment (Balay-odao et al., 2022; Choi & Kim, 2019). While empowerment is vital to organizational performance, strategies to improve empowerment in the literature are global and lack specificity.

Despite the volume of literature on nurse empowerment, additional research is needed post-pandemic to determine how the current workforce is impacted by structural and psychological empowerment. In the past two years, approximately 100,000 registered nurses left the workforce due to stress, burnout, and retirement (National Council of State Boards of Nursing [NCSBN], 2023), which created vacancies in every level of nursing including leadership positions. Due to the vast changes in the post-pandemic workforce, strategies to improve nurse empowerment pre-pandemic might not be effective with the current workforce.

Conclusion

Nurses are instrumental in overall organizational performance and healthcare delivery. Therefore, organizational leaders must implement strategies to enhance and retain the nursing workforce to be successful. Workplace empowerment has significant impacts on patients, nurses, and healthcare organizations. Healthcare organizations that empower the workforce will have increased nurse satisfaction, lower nurse burnout, and improved nurse retention. Initiatives to improve empowerment among the nursing workforce should focus on leaders' styles and behaviors, work environments, and job performance. An increase in role stress, burnout, and retirement among nurses in recent years has created vast changes to the nursing workforce that highlight the importance of empowerment of a post-pandemic workforce.

Case Scenario

A medical-surgical floor at a local hospital was known to be a "difficult unit" with low morale, poor patient satisfaction scores, and a lack of teamwork. The nurse manager, Susan, had an authoritative leadership style in which staff feedback was not valued and staff members were not involved in decision-making or practice changes. The staff feared Susan because she would often place blame when mistakes occurred and did not treat staff equally. As a result, staff members did not have a trusting relationship with Susan and did not feel comfortable bringing concerns and ideas

to her attention, which negatively impacted the staff and patients. Staff members did not feel motivated or inspired to go above and beyond what was asked of them and were not invested in the overall success of the unit. The unit had a high turnover rate and often a heavy workload due to staff turnover.

Kendra was hired to replace Susan when she retired. Kendra was aware of the challenges the unit faced and was committed to turning the unit around. Kendra knew that for change to occur she needed to establish a trusting relationship with the staff and show them she was committed to the unit's success. Kendra took time to meet with each staff member to learn more about them and make a meaningful connection. Kendra asked for staff feedback on how to improve the unit, allowed them an opportunity to feel heard, and actively listened to their concerns and ideas. Kendra rounded on the unit several times a day during those first few months to observe the flow of the unit and better understand the challenges that needed to be addressed. Kendra also provided feedback and encouraged the staff to think outside the box on how to address these challenges. Kendra frequently communicated with staff members through daily huddles, emails, and monthly staff meetings to address any concerns and communicate any issues that might affect the unit before changes were made. Kendra requested feedback from staff members and allowed them to be active participants in unit and organizational changes.

Over the next several months, Kendra developed a strong relationship with the staff, and they began to trust and respect Kendra as a leader. Shared decision making allowed staff to feel they had a voice in the unit, which created a sense of meaning and

purpose among staff. Staff members had a vested interest in the success of the unit as a whole, which allowed Kendra to motivate and encourage staff to work towards unit and organizational goals. Kendra continued to be available to the staff when they came to her with questions or concerns; however, she did not tell them what to do. Kendra empowered them to use their knowledge and abilities to address the issue and mentored them through that process when needed. Kendra challenged the staff to question current processes that were in place and gave them the time and resources to improve or change those processes.

As the staff developed a trusting relationship with Kendra, they felt more secure in their work environment and developed stronger relationships with their coworkers, which increased teamwork, boosted unit morale, and gave them a sense of informal power. Turnover on the unit decreased due to improved staff satisfaction and teamwork, which resulted in more manageable workloads. The staff had more time to spend with patients making connections and addressing needs, which resulted in improved patient and nursing outcomes.

Kendra consistently relayed to the staff that they were the reason for the unit's success and did not take credit for their contributions. Kendra recognized and celebrated each staff member's contributions, which made them feel valued. Kendra took time to mentor and coach staff members as they assumed committee and leadership roles both on the unit and at the organizational level. Kendra created a supportive work environment for the staff, which encouraged them to reach their full potential and strengthened their commitment to the organization.

Reflective Questions

1. List examples of structural and psychological empowerment from the case scenario.
2. Compare Susan's leadership style to Kendra's leadership style.
3. What characteristics of Kendra's leadership style were most impactful?
4. If you were Kendra, how would you have addressed the culture and unit work environment?
5. How did Kendra foster a culture of empowerment among her staff?

Now think about the culture within your organization:

1. What factors in your organization promote and/or hinder empowerment?
2. How are nurses' competencies developed to enable them to thrive?
3. What opportunities does your organization offer for nurses to be involved in policy development or organizational change?
4. How are nurses' contributions and commitment recognized by leadership? Do you feel this is sufficient?
5. What aspect of empowerment do you think is most impactful? Why?
6. What factors influence your empowerment? How would you rate your level of empowerment within your organization?

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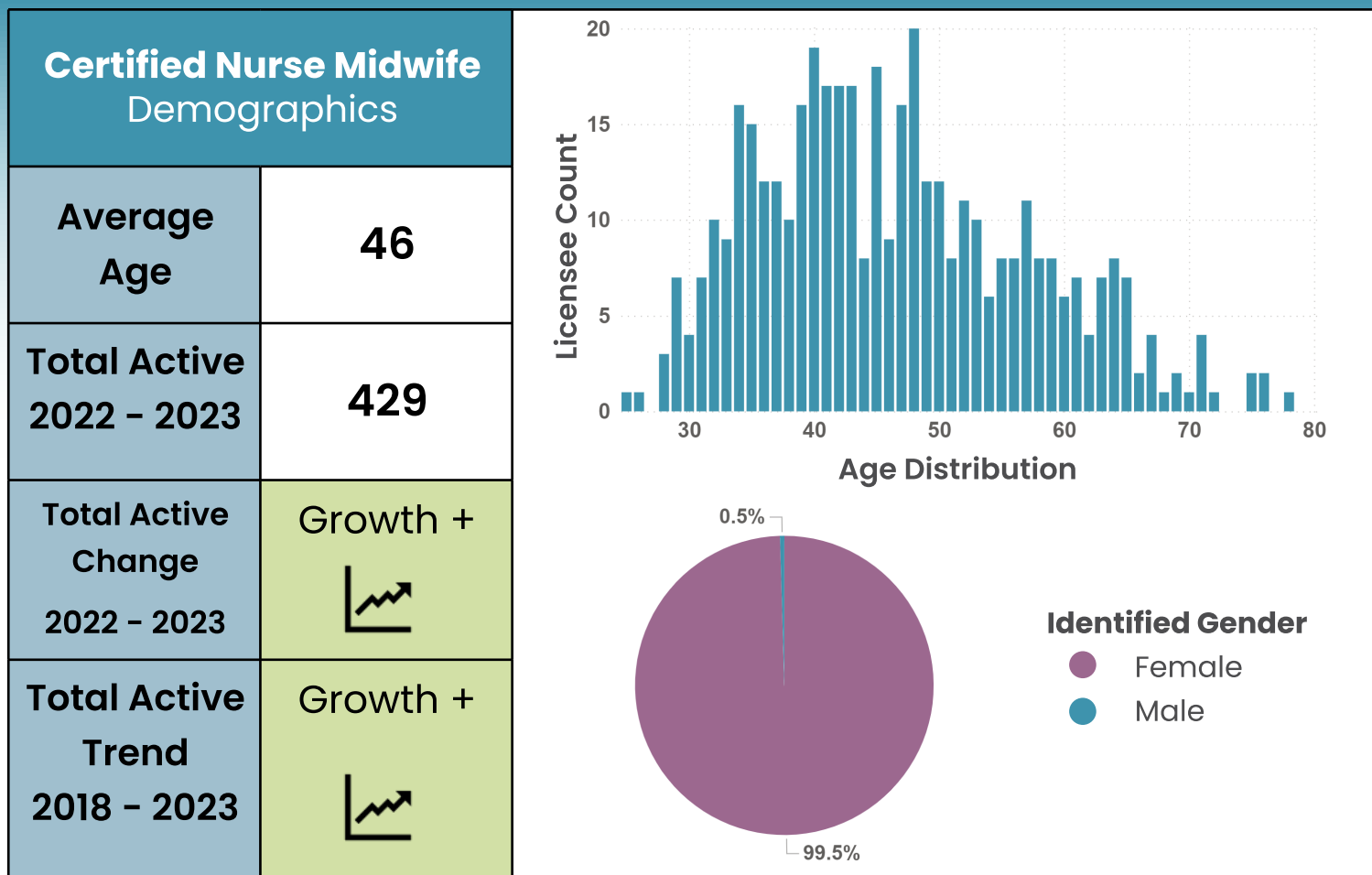
NURSING
BY THE NUMBERS

North Carolina has had an overall increase in the number of actively licensed nurses during this past fiscal year (July 1, 2022 – June 3, 2023). Registered nurses have had positive growth in the trend of total active licensees between 2018 – 2023, with positive growth this past fiscal year to a count of 156,678. Although licensed practical nurses (LPNs) showed modest growth this past fiscal year, to a count of 22,639, the overall trend in the count of total active LPN licensees between 2018 – 2023 has declined. Nurse practitioners have shown the greatest positive growth in the trend of total active licensees between 2018 – 2023, with sustained positive growth this past fiscal year, to a count of 13,152. Although the 2018 – 2023 trend of certified registered nurse anesthetists has had positive growth, including growth this past fiscal year to a count of 3,940 active licensees, the count for this fiscal year has not yet reached the peak count of CRNAs (4,141) noted in 2021. The 2018 – 2023 trend for certified nurse midwives has had positive growth, including positive growth this past fiscal year to a count of 429. Clinical nurse specialists have had positive growth between 2018 -2023, with positive growth this past fiscal year to a count of 278 active licensees.

Certified Nurse Midwife Demographics	
Average Age	**46**
Total Active 2022 – 2023	**429**
Total Active Change 2022 – 2023	Growth +
Total Active Trend 2018 – 2023	Growth +

Identified Gender
- Female
- Male

0.5%
99.5%

Note: Active Licensee data according to fiscal year (July 1, 2022 - June 30, 2023).

Clinical Nurse Specialist
Demographics

Average Age	**54**
Total Active 2022 – 2023	**278**
Total Active Change 2022 – 2023	Growth + 📈
Total Active Trend 2018 – 2023	Growth + 📈

Identified Gender
- Female
- Male

4%
96%
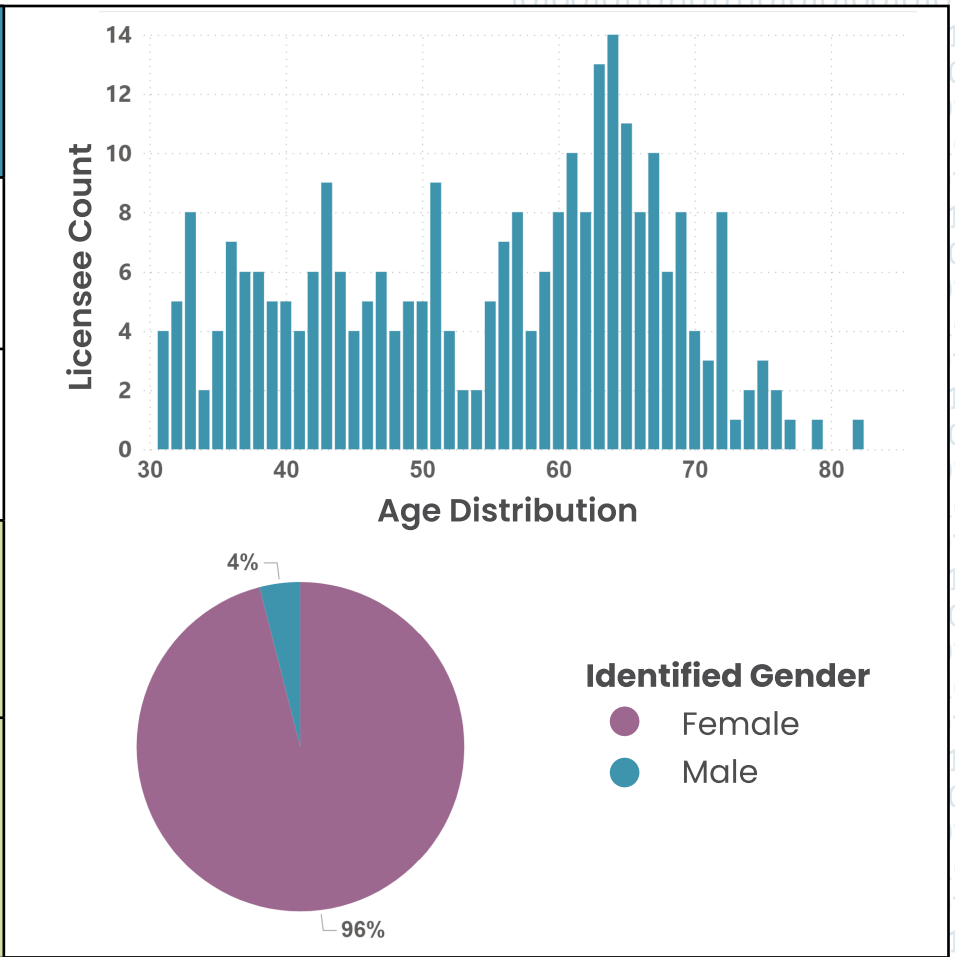
Certified Registered Nurse Anesthetist
Demographics

Average Age	**48**
Total Active 2022 – 2023	**3,940**
Total Active Change 2022 – 2023	Growth + 📈
Total Active Trend 2018 – 2023	Growth + 📈

Identified Gender
- Female
- Male
- Not Identified

9.5%
31.1%
59.3%

Note: Active Licensee data according to fiscal year (July 1, 2022 – June 30, 2023).
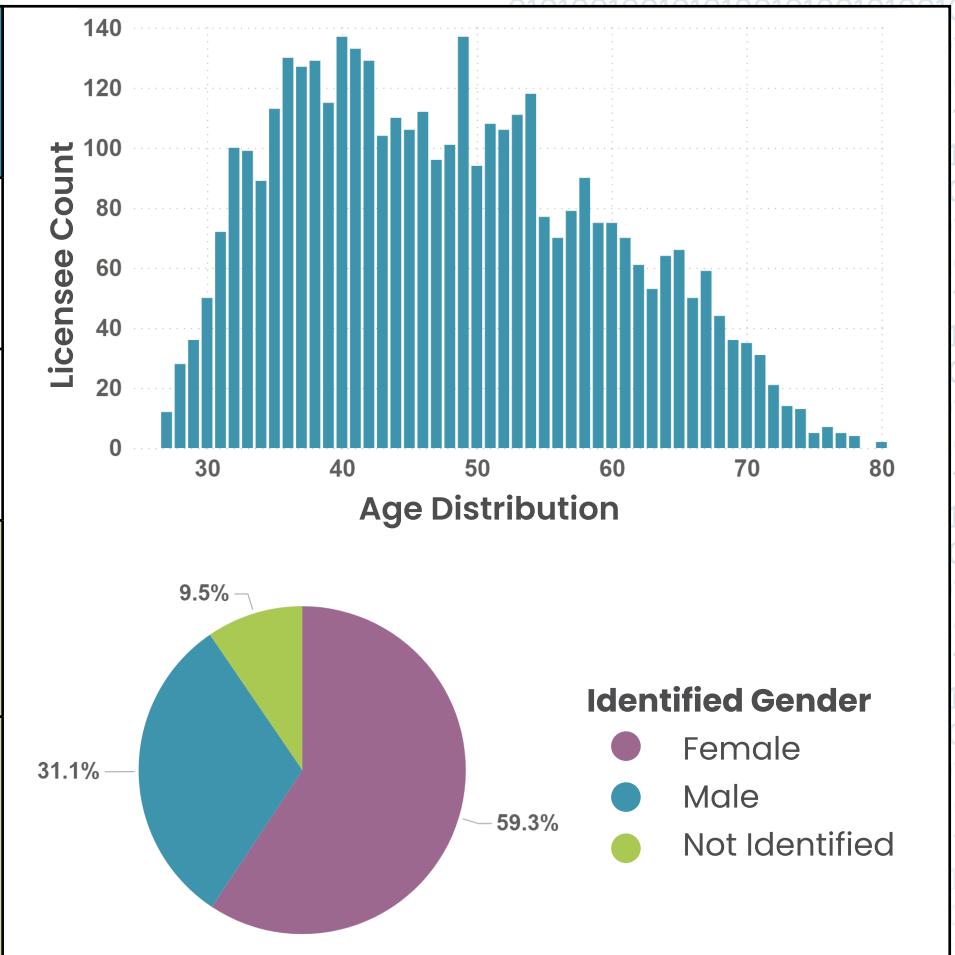
Nurse Practitioner
Demographics

Average Age	**45**
Total Active 2022 – 2023	**13,152**
Total Active Change 2022 – 2023	Growth + 📈
Total Active Trend 2018 – 2023	Growth + 📈

Age Distribution — Licensee Count

Identified Gender
- Female — 59.3%
- Male — 31.1%
- Not Identified — 9.5%
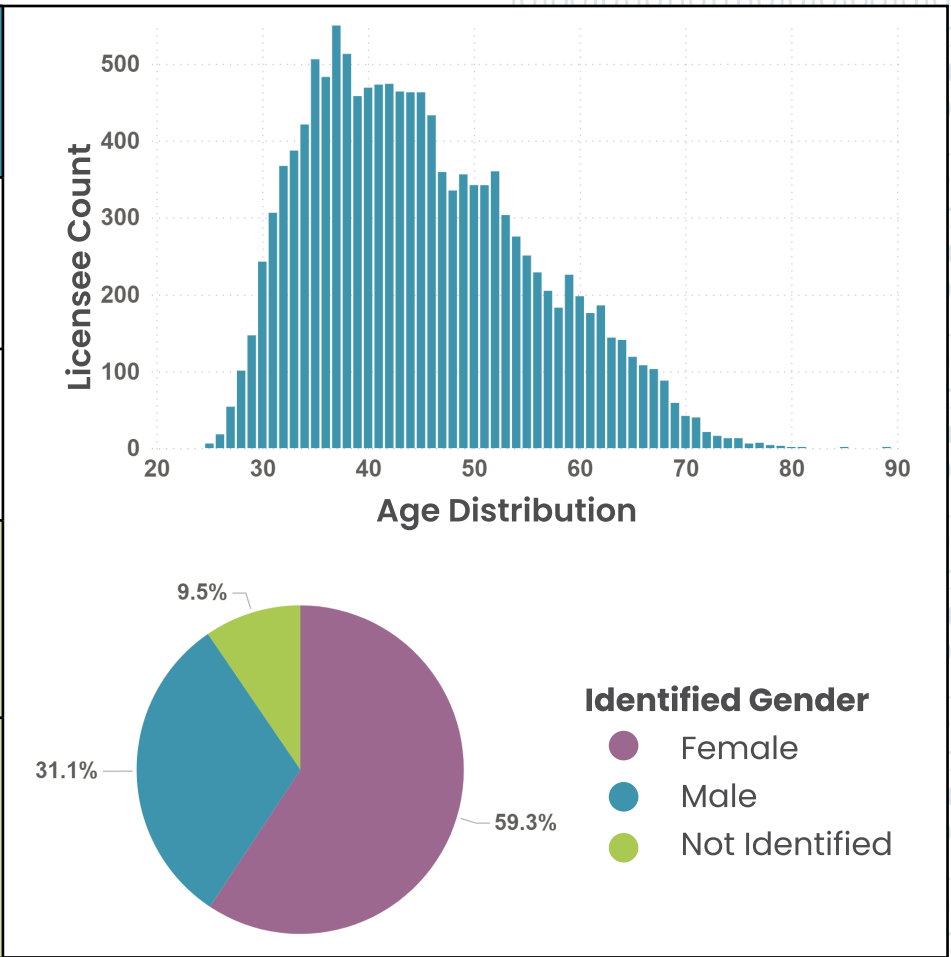
Licensed Practical Nurse
Demographics

Average Age	**47**
Total Active 2022 – 2023	**22,639**
Total Active Change 2022 – 2023	Growth + 📈
Total Active Trend 2018 – 2023	Growth + 📉
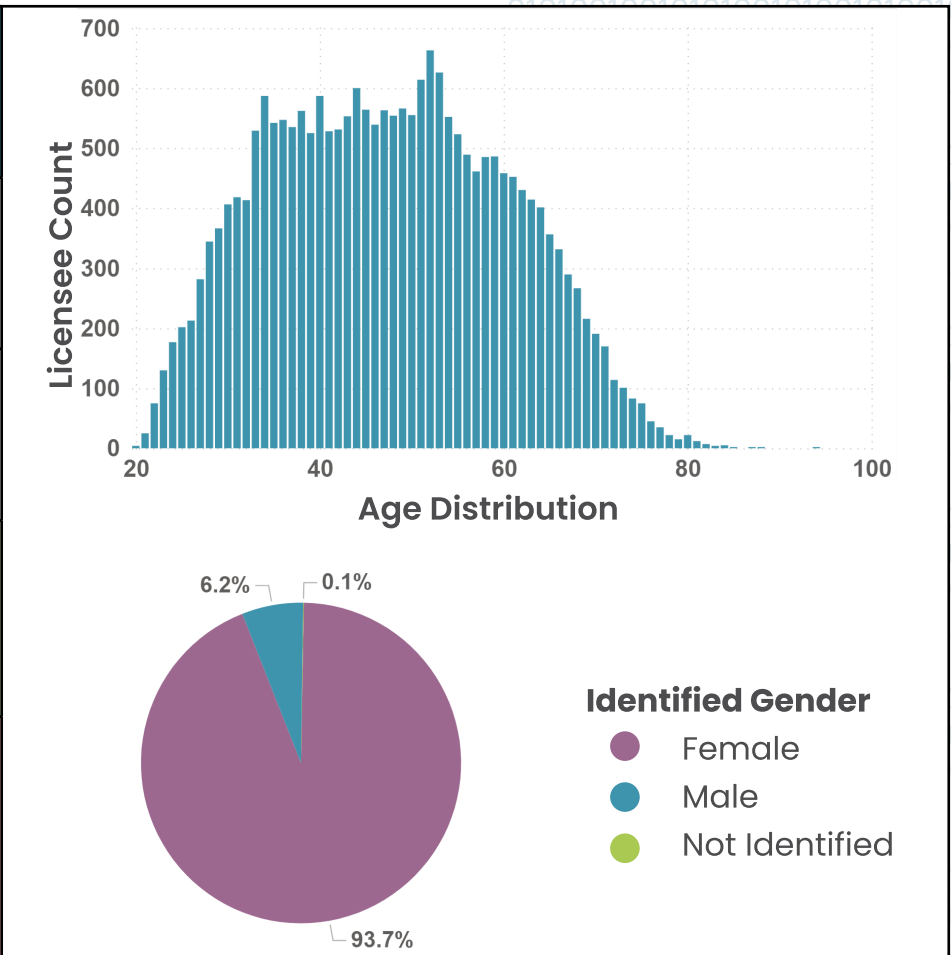
Age Distribution — Licensee Count

Identified Gender
- Female — 93.7%
- Male — 6.2%
- Not Identified — 0.1%

Note: Active Licensee data according to fiscal year (July 1, 2022 – June 30, 2023).

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Registered Nurse
Demographics

Average Age	**46**
Total Active 2022 – 2023	**156,678**
Total Active Change 2022 – 2023	Growth +
Total Active Trend 2018 – 2023	Growth +

Age Distribution (Licensee Count)

9.2% 0.1%
90.7%

Identified Gender
- Female
- Male
- Not Identified
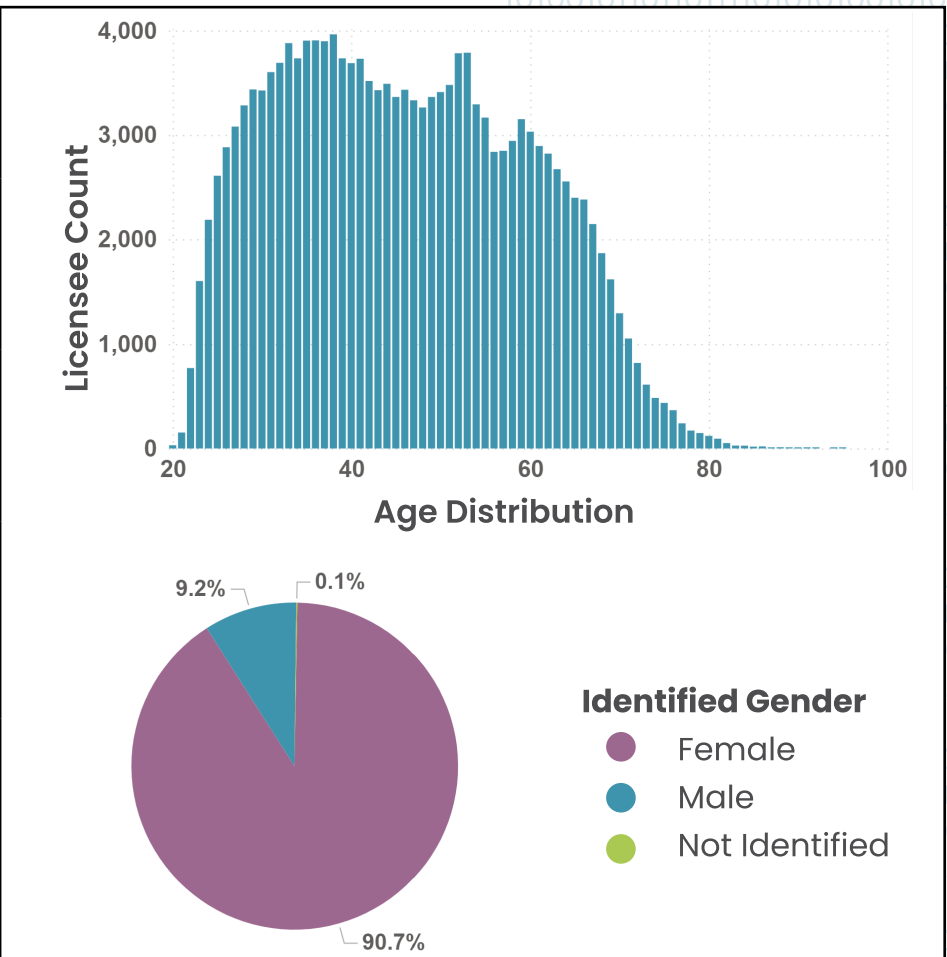
Nurse Aide II
Demographics

Average Age	**42**
Total Active 2022 – 2023	**10,523**
Total Active Change 2022 – 2023	Growth –
Total Active Trend 2018 – 2023	Growth –

Age Distribution (Licensee Count)

11.2% 1.1%
87.7%

Identified Gender
- Female
- Male
- Not Identified
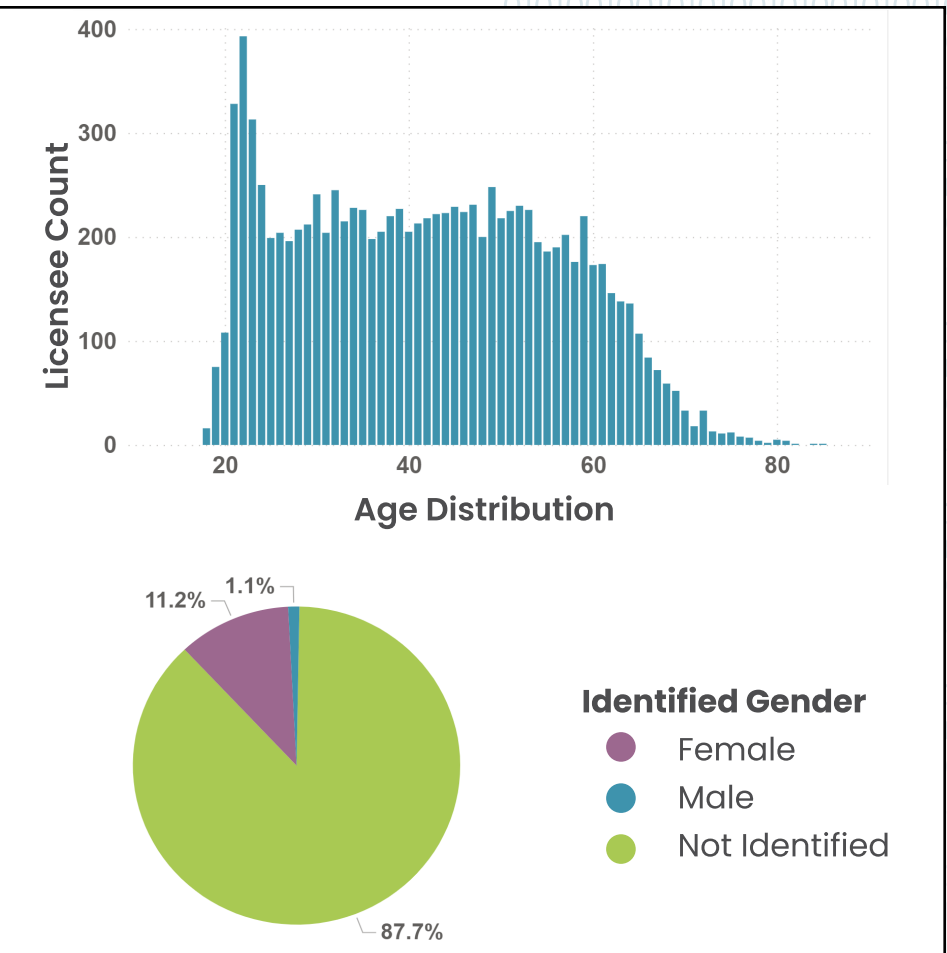
Note: Active Licensee data according to fiscal year (July 1, 2022 – June 30, 2023).

2022 Annual Report for Nurse Aide II Courses
Narrative Summary

The 2022 Annual Report for Nurse Aide II (NAII) courses was distributed to North Carolina Board of Nursing (NCBON) approved courses. Courses had access to the survey from March 1, 2023, through March 31, 2023. Data was collected and preliminary analysis was conducted using Qualtrics Analytics. The purpose of this report is to provide a narrative summary of the findings.

Course Offerings

A total of 160 full-course offerings occurred in 2022 which was down from 231 course offerings in 2021. A total of 717 students completed the full NAII course, a decrease from 905 in 2021. One Curriculum, one Career & College Promise, two Continuing Education, and one Proprietary program requested closure due to multiple sites offering the course as well as anticipating not offering the program at the designated location in the next two years. NCBON closure letters have been provided to the respective Program Directors of the five programs. All institutions requesting closure have remaining approved programs at the site; therefore, the institution remains on the website as having an approved program. Of the 134 programs reporting, 115 (85%) anticipate additional offerings of the NAII course in the next two years. This was a decrease from 95% in 2021. Few applicants, insufficient faculty, and lack of clinical sites were the reasons provided for these decisions.

Program Category	Offerings	Enrollment	Completion	Graduates	Closures
Community College	22	117	99	99	1
Community College Career & College Promise	28	66	58	58	1
Community College Continuing Education	89	489	482	449	2
Proprietary Traditional	15	43	35	33	1
Licensed Care Agency	6	50	43	43	
	160	765	717	n/a	5

Curriculum Changes

133 programs reported no curriculum changes. One program reported changes related to NCBON Guidelines with 2019 program updates, adding the optional Finger Stick Module and exam revisions/updates.

Curriculum Compliance

There are 400 faculty who teach in NCBON approved NAII courses, a decrease of 25 faculty since 2021.
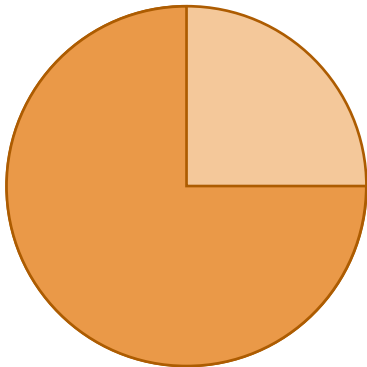
Competency Assessment

Proprietary School Competency Assessment	25%	7
Community College Competency Assessment	75%	21

Program Coordinators may apply to provide a NAII competency assessment as an additional NCBON approved course. The competency assessment is available ONLY for those NAIIs who have an expired NAII listing and met all eligibility requirements before the expiration. Eligibility requirements for renewal are provided in 21 NCAC 36.0404(g). If the NAII listing has been expired for more than 24 months, the NA is required to complete a NCBON approved NAII program before being listed on the NAII registry. In 2022, a total of 55 Competency Assessments were offered in 2022 at 28 sites. A total of 86 students completed the Competency Assessment.

View the full NAII Annual Report

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Buprenorphine Prescribing Updates
for North Carolina's
Advanced Practice Registered Nurses

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Author note: *Dr. Speight was primarily responsible for the federal content while Drs. Luisana and Griffith contributed the state content.*

The opioid epidemic continues to have devastating impacts in North Carolina (NC). According to the North Carolina Department of Health and Human Services (NCDHHS), in 2022 over 11 North Carolinians died each day of unintentional drug overdoses, most involving opioids (NCDHHS, 2023). Many more North Carolinians experience opioid-related harm. Recent changes in federal law could make it easier for NC's advanced practice registered nurses (APRNs) to prescribe buprenorphine, one of three Food and Drug Administration (FDA) approved medications for opioid use disorder (OUD) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023).

Buprenorphine is a Drug Enforcement Agency (DEA) Schedule III medication that is indicated for OUD (SAMHSA, 2023). Until early 2023, the DEA required providers to have a special wavier, called both DEA-X waiver and a DATA waiver, in order to prescribe buprenorphine for OUD (Milgram, 2023). The DEA developed the waiver process in the early 2000s; APRNs were initially barred from applying for waivers and thus prohibited from prescribing buprenorphine for OUD (Moore, 2019). As the incidence of OUD grew, federal law was amended to allow APRNs with prescribing privileges in their state to apply for DEA-X waivers. To qualify for waivers, prescribers were required to attest to counseling service availability and complete additional training (United States Department of Health and Human Services, 2022). Of note, APRNs had to complete 24 hours of additional training compared to eight for physicians. The waivers limited the number of patients an individual prescriber could treat for OUD, with patient limits ranging from 30 to 275. In April 2021, a new waiver was developed, called the 30-E (exempt), which allows providers to treat up to 30 patients without completing additional training or attesting to counseling services.

As evidence that the waiver process created unnecessary regulatory barriers grew, federal lawmakers responded with the Medication Access and Training Expansion (MATE) Act, which eliminated the X-waiver process (Speight, 2023). This act was absorbed into the 2023 Consolidated Appropriations Act, which was signed into law by President Biden on December 29, 2022 (Milgram, 2023). With this Act's passage, any prescriber with a DEA license that permits Schedule III medication prescribing can prescribe buprenorphine for OUD as long as they are not prohibited by state law. The prescriber must also adhere to state rules and regulations on buprenorphine prescribing. The Act also eliminated restrictions on how many patients an individual provider can treat with buprenorphine, counseling services attestation requirements, and buprenorphine-specific training requirements.

At the same time the federal government eliminated X waiver requirements and buprenorphine-specific training requirements, the Consolidated Appropriations Act implemented new education requirements (Prevoznik, 2023). As of June 27, 2023, all new and renewing DEA registrants must attest to having completed at least eight hours of opioid or other substance use-related education, irrespective of the applicant's intent to prescribe buprenorphine. This is a one-time attestation, applicants are not required to submit continuing education certificates,

and previously completed education may be used to satisfy the requirement. Thus, for example, any provider who previously completed X-waiver education requirements would meet the new DEA education requirements without completing additional training. The federal government and other professional organizations offer many opportunities for opioid and substance use disorder education, including free resources and asynchronous, online courses offered through the Providers Clinical Support System (PCSS), a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Course listings can be found here: https://pcssnow.org/courses/.

These legislative changes simplify the buprenorphine prescribing process and, hopefully, will allow more North Carolinians to access this lifesaving OUD treatment. Increasing access to buprenorphine therapy is key to mitigating the opioid crisis. Buprenorphine is associated with a 50% reduction in opioid-related mortality and all-cause mortality among opioid users (Larochelle et al., 2017; Sordo et al., 2018). Buprenorphine offers advantages over methadone in terms of convenience, as it can be prescribed in an office-based setting while methadone must be dispensed in SAMHSA-certified treatment centers (SAMHSA, 2023). Buprenorphine is also typically combined with naloxone for OUD, deterring injection diversion and misuse (SAMHSA, n.d.). Buprenorphine also

is a partial opioid agonist with a respiratory ceiling effect, making buprenorphine overdose highly unlikely unless combined with other substances. In sum, this medication plays an essential role in safe, accessible, evidence-based OUD treatment.

Buprenorphine Prescribing and North Carolina Regulations

North Carolina nurse practitioners (NP) are jointly regulated by the North Carolina Board of Nursing (NCBON) and the North Carolina Medical Board (NCMB) by the Joint Sub Committee (GS 90-8.2), and certified nurse midwives (CNM) are regulated by the Midwifery Joint Committee (GS 90-178.1, Article 10A). In NC, only NPs (21 NCAC 36.0809) and CNMs (G.S. 90-18.8; 90-178.3: 21 NCAC 33 .0117 (link pending) have prescriptive authority. These APRNs shall adhere to state and federal prescribing regulations including the Strengthen Opioid Misuse Prevention (STOP) Act of 2017. Certified Registered Nurse Anesthetists (CRNA) and Clinical Nurse Specialists (CNS) do not currently have prescriptive authority in NC and thus are not eligible to prescribe medication.

North Carolina General Statute 90-18.2 requires NPs to have physician supervision in order to practice and 21 NCAC 36 .0804 requires NPs to register their supervising physician with the NCBON prior to obtaining approval to practice. This approval is recognized as practice within the NP's scope of practice defined by 21 NCAC 36 .0802: educational preparation, national

certification, and maintained competencies. Additionally, each supervising physician must have an active license issued by the NCMB.

Many NPs such as PMHNPs, FNPs, and AGPCNPs across NC prescribe buprenorphine for OUD. Therefore, to maintain compliance with NC regulations, buprenorphine must be listed in the NP's Collaborative Practice Agreement (CPA) and their supervising physician must have an equivalent DEA license (Schedule III authority) or higher. The supervising physician must have the authority to prescribe buprenorphine for OUD but does not necessarily have to prescribe the medication in practice.

The North Carolina Controlled Substance Reporting System (NC CSRS), also known as CSRS or PMP Aware®, is a statewide reporting system established by North Carolina law (Chapter 90, Article 5E) to improve the state's ability to identify abuse and misuse of Schedule II-V controlled substance prescriptions. The CSRS also assists clinicians in identifying and referring patients who may be misusing controlled substances. In NC, each prescriber is required to register for access to the CSRS system (GS 90-113.74A). The link is provided to create an account: https://northcarolina.pmpaware.net/login

In addition to CSRS registration, NC NPs are required to have an assigned DEA number to prescribe controlled substances [21 NCAC 36 .0809 (2)(A)]. The NP's CPA must

include medications, devices, and procedures that could be prescribed [21 NCAC 36 .0810 (2)(C)] and are required by 21 NCAC 36. 0807 to have at least 1 hour of annual controlled substance continuing education (CE). To see an example of a CPA and other elements of compliance for NP practice in NC, refer to the NP survival guide located on the NCBON website.

CNMs are also required to register with the DEA [21 NCAC 33 .0104 (d)(2) link pending], complete the requirement for at least 1 hour of annual controlled substance CE [21 NCAC 33 .0111 (b) link pending], and register with the NC CSRS. However, only those CNMs required by (21 NCAC 33 .0116 link pending) to have a collaborating provider agreement, must include the medications, devices, and procedures that may be

prescribed in their mutually agreed upon clinical practice guidelines [21 NCAC 33 .0016 (a)(3); .0117 (d)(1) link pending].

Conclusion

Buprenorphine is accepted as a safe and effective OUD treatment. Increasing access to buprenorphine therapy has the potential to decrease opioid-related harm for North Carolinians. NPs are a large part of the healthcare workforce helping to combat this epidemic while expanding access to OUD treatment (Andrilla & Patterson, 2022). North Carolina APRNs with prescribing privileges can consider learning more about this life-saving medication and whether their patient population could benefit from OUD treatment with buprenorphine.

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When Trauma Victims are a Crime Scene and No One to Provide Expert Care:
Responding to the Call for
Sexual Assault Nurse Examiners in Hospital Settings

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Introduction

Violence is a serious public health issue in the United States. Every two minutes, somewhere in America, someone is sexually assaulted regardless of gender, sexual orientation, age, or race (Rape and Sexual Assault, 2017). One in three women and one in six men will experience sexual violence during their lifetime (Centers for Disease Control and Prevention [CDCP], 2022). An estimated one in five women and one in 71 men will be raped at some point in their lives (National Sexual Violence Resource Center). An estimated 30.5% of rape victimization occurs between ages 11 and 17 in females, with 25.3% occurring in males (CDCP & Rape and Sexual Assault). One in eight females and one in four males report rape before age 10 (NSVRC).

Professionally trained nurses in forensics should be the first line of defense and point of contact. However, there is a critical shortage of sexual assault nurse examiners (SANEs) in most emergency room settings, mainly rural areas. When the number of sexual assault examiners is low, the wait time for victims increases, and the lack of specialized knowledge, care, compassion, and medical evidence collection may also be compromised. A quality response team can also change the outcome for the sexually and physically assaulted victim so they do not experience re-traumatization on the exam table, and compassionate care is much needed after a traumatic experience.

According to the International Association of Forensic Nurses (2023), only 17% of emergency departments have a SANE program, resulting in a lack of trained healthcare providers who can function in this capacity. Many hospitals, particularly in rural areas, do not have a sufficient pool of SANE providers who staff their facilities 24/7. While online programs are available, the clinical training for nurses and skill laboratories for practice is insufficient.

Fayetteville State University School of Nursing's (FSU SON) goal is to transform the nursing workforce by increasing the supply and distribution of SANEs throughout the State of North Carolina (NC). FSU was fortunate to start a pilot project through funds from the Rape Crisis Center of Cumberland County, now the Phoenix Center, in Fall 2022. With state-appropriated funds (1.5 million), the goal shifted for FSU, a historically black college and university, to become the hub for the state of NC and ensure that every healthcare system has a diverse pool of meticulously trained nurses who are easily accessible that can provide trauma-informed and compassionate care to victims of sexual assault and domestic violence.

Overview of Training Programs at FSU

FSU SON currently has four SANE training programs approved by the North Carolina Board of Nursing (NCBON).

1. Combined Pediatric/Adolescent/Adult Sexual Assault Nurse Examiner Training Program (SANE-A & P),

2. Adolescent and Adult Sexual Assault Nurse Examiner (SANE-A) Training Program,

3. Adolescent/Pediatric Sexual Assault Nurse Examiner Didactic Program (SANE-P) and

4. Adolescent/Pediatric Sexual Assault Nurse Examiner Clinical Training Program (SANE-P).

We started our SANE-A program this July and will start our SANE-P program this Fall 2023. We have finished three NCBON-approved training courses to date: two combined SANE-A & P and one SANE-A. We have a total of 72 completers of the programs since the Fall 2022. At the end of the Year 2022-2023, we should have 100+ completers of our programs, exceeding our year-end goal of 60. We now offer various training options to appeal to the nursing workforce and centralize our training to FSU. We are fortunate to have the support of content experts like Deb Flowers and Heather Waleski to use their vast skills as educational consultants for our programs.

Since 2022, we have had 243 applicants interested in our program (Table 1). This has not been through aggressive marketing either, but word of mouth. Most participants are from the Fayetteville /Raleigh / Durham area. Table 2 also reflects where most RNs come from, Cape Fear Valley and UNC Health Systems. There is growing support from area hospitals to send their nurses to FSU. Our programs are free to participants and free membership to the International Association of Forensic Nursing (IAFN).

Table 1

Current & Projections

Number of Interested Applicants
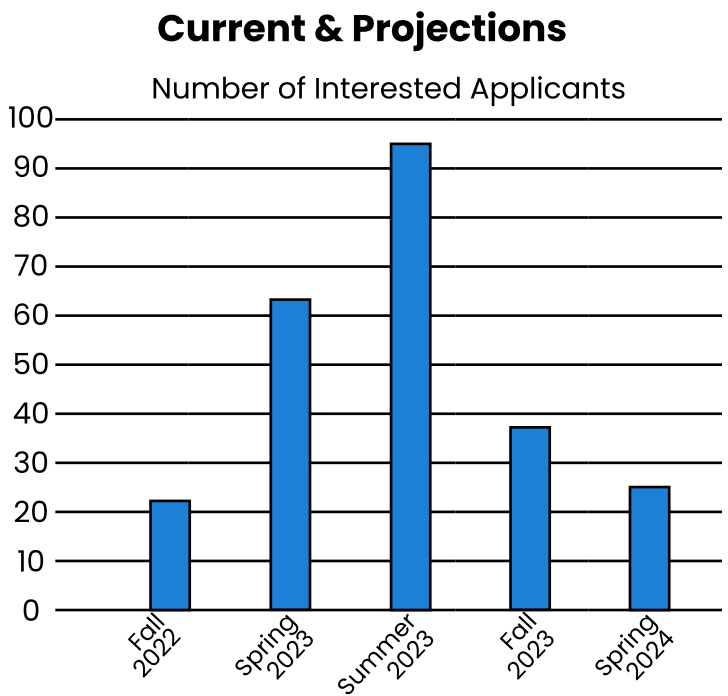
Cohort	Completers	Projected Completers
Fall 2022	8	
Spring 2023	15	18
Summer 2023	49	40
Fall 2023		30
Spring 2024		30
Total	**72**	**118**

Our training programs are robust, with a complement of seasoned content experts, SANE-certified facilitators, well-seasoned Sexual Assault Response Team (SART) members who function in roles of victim advocacy, law enforcement, forensic examiners, prosecutors, pediatric medical directors, public health officials, all who are presenters for the didactic education. Using seasoned SANEs and SARTs in the field allows us to provide expert training using best practices

Table 2.1

Health Care Systems

Health Care System	Count
Accurate Healthcare Professionals	2
American Mobile Healthcare	1
Atrium Health	13
AYA Health Care	4
Batten Lee	1
Brenner Children's Hospital	1
Cape Fear Valley Medical	29
Carolina Outreach	2
Cotiviti	1
Cumberland County Health Department	1
Defense Health Agency	1
Duke Medical	6
Durham Psychiatric Services	1
ECU Duplin Hospital	1
ECU Medical	8
Elizabeth City State University	1
Erlanger Western Carolina Hospital	4
First Health of the Carolinas	11
Free Clinic	1
Granville Medical Center	1
Gupta Psychiatry and Wellness	1
Harnett Health	12
Harris Regional Hospital	1
Hawaii Homeless Health Care	1
Haywood Pediatrics	1
Impact Healthcare	1
Liberty Healthcare Management	1
Mission Hospital	2
Moses Cone	1
Nashville General Hospital	1
National Health Care Solutions	2
Nomad Health	1
North Carolina Department of Adult Correction	1
Novant Health	3
PAM LTACH Hospital	1
Richmond Pines Health and Rehabilitation	1
Riverland at Sandy Ridge	1
Sampson Regional Medical Center	1
Scotland Memorial Hospital	2
UNC	24
UNC REX	10
Universal Healthcare of King	1
US Air Force	1
Valleygate Dental Surgery	1
Vance Recovery	2
Veterans Affairs	9
WakeMed	10
Wellpath	1
Womack Army Medical Center	4
Worldwide Travel Nursing	2
Yukon-Kushkokwim Health Corps	1

Table 2.2

Geographical Location of Our Participants

VA West End Nashville Spring Lake Holly Springs

Rocky Mount **Fayetteville** Raleigh Elizabeth City

Hope Mills Durham Martinsville

Raeford Concord Fuquay-Varina

TN Lake Lure Bryson City Mount Airy Rocky Point

in SANE education. We are also unique in enrolling our participants in our Canvas Learning Management System (LMS) for ease of communication, reviewing documents, printing off necessary information, taking pre-and post-tests, completing program evaluation surveys, and providing ease of didactic education. Clinical experiences are obtained through a seamless transition from the didactic to integrating clinical practicum, exposure, and experiences for students. Clinical practicum days consist of speculum exam practice, mocked examination with gynecological teaching associates (GTAs) / forensic teaching associates (FTAs), and medical-forensic examination and documentation performance. Students perform exams via simulation and mock exams with GTAs/FTAs, which are live models using a sexual assault evidence collection kit (SAEKI). They are also precepted by experienced SANE providers experienced in the medical forensic exam.

Program Evaluation and Success to Date

The SANE training programs have demonstrated progress and a positive impact in Year 1 based on participant feedback. The program has increased the participants' knowledge, improved their confidence in conducting forensic examinations, and enhanced their awareness of legal and ethical

considerations. The evaluations have been instrumental in identifying the program's achievements and areas for further enhancement, ensuring the program's continued success in training future SANE professionals. A few highlights are depicted below from the focus group's feedback.

- "The SANE training program exceeded my expectations. It provided me with a solid foundation of knowledge and skills needed in the field."

- "Thanks to the SANE training program, my confidence in conducting forensic examinations has soared. I now approach each case with greater assurance and professionalism."

- "The SANE training program has been transformative for me. It equipped me with the knowledge and skills I need to support survivors."

- "I feel much more confident in my abilities to handle forensic examinations after completing the SANE training program. It has truly made a difference in my practice."

Conclusion

There has been unbelievable success with this initiative, underscoring the demand for change in this area. Every victim of sexual assault should have a SANE who can provide trauma-informed and compassionate care so that no perpetrator gets away with the crime; in part, due to the skillful collection of medical forensic evidence that will hold up at any trial. We need demonstrative change in this area. There is also power in numbers to effect change so that graduates of our training programs desire to invite their colleagues to get trained as well so they are not alone.

Seasoned SANE-certified nurses are also mentoring completers of FSU's training programs once they leave the program. We

are advocating for the pursuit of certification beyond FSU's training. We desire to ensure there is a trained or certified SANE provider in every hospital so that we can change the outcome for trauma victims who are also crime scenes themselves. Not only for victims but for prosecutors, too.

For information about our programs, please use the QR code.
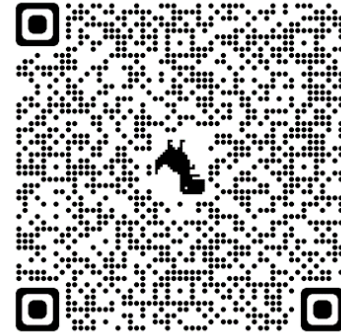
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Media Links and National Coverage

HBCU FAYETTEVILLE STATE UNIVERSITY WANTS TO INCREASE THE NUMBER OF BLACK SEXUAL ASSAULT NURSE EXAMINERS Black Enterprise

Black Sexual Assault Nurses Are In Short Supply. This HBCU Wants to Change That The Root

After a sexual assault, where can you get a medical and forensic exam? NBC News

Black Sexual Assault Nurses Are In Short Supply. This HBCU Wants to Change That- Yahoo

There are few Black sexual assault nurse examiners. One university wants to change that.- The Black Chronicle

Fayetteville State launches SANE nursing program specializing in sexual assault survivors care- ABC news

Fayetteville State launches SANE nursing program specializing in sexual assault survivors care-MSN

CE Opportunities

TO ACCESS ONLINE CE ARTICLES, SESSION REGISTRATION, AND THE PRESENTATION REQUEST FORM, GO TO WWW.NCBON.COM AND LOOK FOR CONTINUING EDUCATION OFFERINGS. QUESTIONS? EMAIL PRACTICE@NCBON.COM

Online Bulletin Articles

- The Role of Nursing Empowerment: An Integrative Literature Review (1.0 CH)
- Accepting an Assignment (1.0 CH)
- North Carolina Trends in Nursing Education and the Nursing Workforce (1.0 CH)

For more free CE articles, go to www.ncbon.com.

Nurse Leader Regulatory Orientation

Learn about the functions of the NCBON and how these functions impact the roles and responsibilities of the nurse leader (administrator, director, manager, clinical leader, supervisor, and others) and aspiring leaders in all types of nursing services and practice settings. The orientation offers 4.5 contact hours.

Registration is open to active NC or compact state RNs in leadership and aspiring leadership roles.

The 2024 sessions are listed below as follows:
April 2 - In-Person (Registration Available Online)

May 7 - Virtual   Sept 10 - In-Person   October 15- Virtual

$50.00 fee (non-refundable). You will be notified of any date or format changes.

Register online at www.ncbon.com.

Registration at least two weeks in advance of a scheduled session is required.
Seating is limited. If you are unable to attend and do not have a substitute to go in your place, please provide this information via email to practice@ncbon.com so someone on the waiting list can attend.

Available Online

Legal Scope of Practice Online Course (1.5 CHs)
The purpose of this offering is to provide information and clarification of the components of the legal scope of practice for licensed nurses (RN and LPN) practicing in North Carolina.

Just Culture in Nursing Regulation Booklet (1.0 CH)
The booklet provides an introduction to the basic principles of Just Culture and the use of these concepts in evaluating the reportability of untoward events to the Board using the NCBON Complaint Evaluation Tool (CET).

NCBON Staff Presentations

NCBON Staff are available upon request to provide continuing education presentations regarding nursing practice. To request a presentation, please complete the Presentation Request Form online and submit it per form instructions. The NCBON will contact you to arrange a presentation. A minimum of 25 - 30 licensed nurses (APRN, RN or LPN) are required for presentations.

Standard Presentation Offerings

Continuing Competence (1 CH) - 1 hour – Presentation is for all nurses with an active license in NC and is an overview of continuing competency requirements.

Legal Scope of Practice (2 CHs) - 2 hours – Defines and contrasts each component of the RN and LPN scope of practice including nursing accountability for delegation of tasks to unlicensed assistive personnel. Potential violations are discussed.

Delegation: Responsibility of the Nurse (1 CH) - 1 hour – Provides information about delegation that would enhance the nurse's knowledge, skills, and application of delegation principles to ensure the provision of safe competent nursing care. Discussion includes the role and responsibilities of the nurse for delegation to unlicensed assistive personnel.

Understanding the Scope of Practice and Role of the LPN (1 CH) - 1 hour – Assists RNs, LPNs, and employers of nurses in understanding the LPN scope of practice.

NC Nursing Regulation Overview and Updates (1 CH) - 1 hour – Describes an overview of the NC Board of Nursing authority, composition, vision, function, activities, strategic initiatives, resources, and provides NCBON updates.

Introduction to Just Culture and NCBON Complaint Evaluation Tool (1.5 CHs) - 1.5 hours – Provides information about Just Culture concepts, role of nursing regulation in practice errors, instructions in use of NCBON CET, consultation with NCBON about practice errors, and mandatory reporting. Suggested audience is nursing leadership: director, administrator, manager, supervisor, etc.

Introduction to the NCBON Complaint Evaluation Tool (1 CH) - 1 hour – Provides brief information about Just Culture concepts and instructions for use of the NCBON's Complaint Evaluation Tool, consultation with the NCBON, consultation with NCBON about practice errors and mandatory reporting. Suggested for leadership familiar and unfamiliar with Just Culture.

Overview of Nursing Practice Act (NPA) Violations and Investigations - (1.5 CHs) - 1.5 hours - Provides information regarding the five common NPA violations reported to the NCBON and the five common pieces of evidence gathered during an investigation.

Participants must attend the entire offering and submit a completed evaluation to earn contact hours. Verification of participation will be noted by signature on evaluation.

The North Carolina Board of Nursing is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Upcoming Events

Meetings may be held virtually. Please check www.ncbon.com.

Board Business Meeting

January 25, 2024

Administrative Hearings

December 6, 2023

February 28, 2024

Hearing Committee

November 8, 2023

January 31, 2024

March 27, 2024

Education & Practice Committee

November 2, 2023

March 6, 2024

Nurse Leaders Regulatory Orientation

April 2, 2024 - in-person

May 7, 2024 - virtual

20th Annual Education Summit

April 12, 2024 - virtual

Please visit www.ncbon.com for updates to our calendar and call-in information to attend public meetings.

Following @NCNursingBoard on Social Media gives you access to up-to-date information between issues of *The Bulletin* - Practice Changes, Renewal Reminders, Rule Revisions, and so much more.

Click any of the icons below to find our pages.

20th Annual
NCBON Education Summit

April 12, 2024

virtual

The Education Summit is an annual event that highlights trending topics in pre-licensure nursing education. Many interested stakeholders have attended, representing a variety of nursing education settings and nursing roles across North Carolina.

Registration information will be available in the upcoming months.

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NCBON
North Carolina Board of Nursing

Compliance

What is the Licensure Review Panel?

Michelle Wannemacher
Compliance Case Analyst

The Licensure Review Panel (LRP) is a panel of NCBON members that meets monthly to examine, license, and renew the licenses of duly qualified applicants for licensure pursuant to NCGS § 90-171.23(b)(6), 21 NCAC 36 .0211, and .0218.

Who appears before the LRP?

RN and LPN applicants may be required to appear before the LRP based on:

- pending charges in the criminal court system;
- criminal convictions;
- previous satisfied discipline by a professional licensing entity;
- pending regulatory investigation; and/or
- requesting reinstatement following a suspension.

What is required to appear before the LRP?

- Hold an unencumbered license in all jurisdictions licensed.
- Satisfy all court conditions.
- A completed application including criminal background check fingerprint card and applicable court records.
- Full payment of any outstanding fees.
- Verifications relevant to the reason for the appearance including but not limited to required remedial courses*, resume, reference letters, medication and healthcare provider verifications, a period of drug screening through the third-party drug screening agency to verify abstinence, substance use disorder treatment records, approved mutual support group attendance verification, and NCBON participating addictionologist evaluation.

What happens at the LRP meeting?

LRP meetings are closed to the public pursuant to NCGS §143-318.18(6). Panel Board Members receive copies of relevant information to review prior to the meeting. NCBON Legal and Compliance staff are present for the meeting but take no part in deliberations.

The applicant and any support persons will be introduced to the panel members. Members have an opportunity to ask the applicant questions to assess readiness to enter safe nursing practice in NC. At the conclusion of the meeting, the applicant is excused and LRP enters deliberations.

What happens after the LRP meeting?

The applicant is notified of the decision within one (1) week by email. A written order is issued within approximately forty-five (45) business days. If the order requires an active period of monitoring, the applicant will be contacted by the Compliance Case Analyst assigned to monitor their compliance.

*If an NCBON-approved refresher course is required, the applicant can only begin the course after an order issuing approval to enroll is issued.

Questions? Contact Alison Bailey, Manager of Compliance at abailey@ncbon.com.

Education

Terry Ward
PhD, MSN, RN, CNE
Education Consultant

Can high quality simulation clinical be counted as 2:1, as compared to traditional 1:1 clinical?

With the expanded use of simulation, nurse educators have increasingly questioned the number of clinical hours a program should require to substitute clinical hours with simulation. A frequently asked question for education consultants at the North Carolina Board of Nursing (NCBON) is regarding how simulation hours should be counted.

Simulation is a pedagogy that may be integrated across the pre-licensure curriculum. Faculty expertise, resources, and curricular requirements for simulation are defined in the North Carolina Administrative Code (NCAC) 21 NCAC 36 .0321 (m), (n) and (o) CURRICULUM .

21 NCAC 36. 0321(m)(2) states, for all programs using simulation experiences substituted for clinical experience time, the nursing education program shall: provide a simulation environment with adequate faculty, space, equipment, and supplies that simulate realistic clinical experiences to meet the curriculum and course objectives.

The NCBON does not prescribe simulation courses, number of continuing education hours, or certifications for lead faculty and lab personnel teaching in simulation education, however, the NCBON provides guidance for consideration.

The purpose of the guidelines is to assist educators with accessing resources to make decisions regarding the implementation of simulation pedagogy. Therefore, it is the program director's responsibility to determine if, given the evidence, clinical credit hour policies are developed to support counting simulation as 2:1.

Program directors are encouraged to consider the effect of implementing simulation clinical counted as 2:1, as compared to traditional 1:1 clinical, on students being able to meet course objectives and program outcomes. Program directors are also encouraged to consider implications for applicable regulatory and accrediting bodies.

Resources for identifying best practices regarding simulation include:

Adamson, K. H., & Prion, S. (2021). Questions Regarding Substitution of Simulation for Clinical. *Clinical simulation in nursing*, *50*, 79–80. https://doi.org/10.1016/j.ecns.2020.06.014

Breymier T.L., Rutherford-Hemming T., Horsley T.L., Atz T., Smith L.G., Badowski D., Connor K. (2015). Substitution of clinical experience with simulation in prelicensure nursing programs: a national survey in the United States. *Clinical Simulation in Nursing*, *11*(11):472–478. doi: 10.1016/j.ecns.2015.09.004.

Hayden J.K., Smiley R.A., Alexander M., Kardong-Edgren S., Jeffries P.R. (2014). The NCSBN national simulation study: a longitudinal, randomized controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation, 5*(2): S1–S64.

Investigations

What does the NCBON consider to be neglect of patient care?

Anne Hardee
MSN, RN, NEA-BC
Manager, Investigations

The North Carolina Board of Nursing (NCBON) receives complaints from various sources involving allegations of neglect in settings including home health, hospitals, and long-term care facilities. From January 2021 through December 2022, the NCBON has investigated 162 complaints involving neglect. Neglect of patient care can take various forms; the three (3) seen most frequently are failing to assess or evaluate (58%), failing to administer prescribed medications/treatments (17%), and sleeping on duty (12%).

Patient assessments are a vital part of nursing care and promote patient safety through continuity of care. Failure to assess and document patient care, including assessments, wound care, treatments, and medication administration can be considered neglect and lead to disciplinary action through an investigation. Frequent rounding, patient education, and conversations with providers should also be documented thoroughly to ensure the patient record is accurate and facilitates the patient's care.

During an investigation with an allegation of sleeping while on duty, patient records and facility videos are often reviewed together. Neglect may be substantiated if a nurse is seen sleeping or spending several hours at the desk or nurses' station without rounding or providing patient care. This is further aggravated if the nurse documents in the patient's medical record that assessments were completed, medications were given, or care was rendered during a time they are seen sleeping or sitting at the desk.

Examples of neglect cases:

1. A long-term care patient fell during a shift. The nurse failed to perform an assessment and failed to document the change in status. The patient was found later to have hematoma on their head and a shoulder injury.

2. An acute care patient in the emergency department was waiting to be evaluated. The patient was a diabetic, however blood glucose was never assessed. This patient fell out of a chair in the waiting room and did not respond immediately. Additionally, there was no assessment after the fall or documentation about the fall in the patient record.

3. A nurse was assigned to a home health patient requiring total care. During the night shift, the nurse failed to administer several medications that were ordered and did not document an assessment, vital signs, or tube feedings.

4. A nurse assigned to a school age home health patient fell asleep during the child's naptime at school. The teacher observed the nurse sleeping and was unsuccessful in waking the nurse. The

Investigations *continued*

What does the NCBON consider to be neglect of patient care?

nurse slept for two (2) hours while responsible for providing care to a pediatric patient.

Providing safe and appropriate patient care is the primary duty of a nurse. Nurses are expected to conduct and document assessments promptly, noting changes in condition and reporting them as needed. Sleeping or falling asleep during your shift impedes patient care and compromises their safety. In addition to consulting your facility for specific policies and procedures, the NCBON offers a CE article related to avoiding negligent nursing care: Negligent Nursing Practice: What you need to know (ncbon.com)

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Legal

Abbie Lefever
Legal Assistant

Commonly Asked Questions

As a Legal Assistant for the North Carolina Board of Nursing (NCBON) for the past six years, one of my duties and responsibilities involves interacting with licensees who have received Consent Orders from the Legal Department. Below are some of the most commonly asked questions received.

If I am being investigated by the NCBON, do I have to notify my employer?

No. There is no requirement that you notify your employer of a pending investigation with the NCBON. However, if you are asked by your employer, when you're applying for a job, or asked if you've been investigated by an occupational licensing board, you will need to answer truthfully and disclose the pending investigation.

If I enter into a Non-Disciplinary Consent Order agreement with the NCBON, will I have to report it to my employer or potential employers?

A Non-Disciplinary Consent Order (NDCO) is not a public action on the license. However, there may be certain requirements of the NDCO that require disclosure. Participation in a non-disciplinary drug monitoring program such as the Alternative Program (AP) for Nurses in Recovery, for example, requires disclosure of participation in the AP to your employer and prospective employers. If you are asked whether you've been disciplined by the NCBON, you could answer "no." However, if you are asked whether you've ever been investigated by the NCBON, the answer would be "yes."

What happens if I don't respond or come to my scheduled Administrative Hearing?

The NCBON will proceed with the investigation and can have the hearing without you present.

What's the difference between a Hearing Committee and a Hearing before the Board?

The difference is the number of Board members hearing the case. Hearing Committees meet approximately 6 times a year. A Hearing Committee consists of a panel of 3 to 4 Board members who listen to hearings and make recommended decisions following deliberation. These recommended decisions are then presented to the full Board for adoption and ratification at a later date. The full Board also meets approximately 5 times a year to conduct disciplinary

Legal
continued

Commonly Asked Questions

hearings. Following deliberation, the Board will issue a Final Decision and Order which takes effect immediately.

If I want to become a nurse but I have a criminal conviction on my record, will I be able to be licensed?

It depends. According to N.C. General Statute Use of Criminal History Records, if an individual has a criminal history, they can petition the NCBON before going through the licensing process to find out if their convictions would not likely or likely disqualify them from being licensed. Contact Legal Assistant Melissa Meyer at mmeyer@ncbon.com to find out more about this process.

If the North Carolina Board of Nursing disciplines my nursing license, will that have an effect on my nursing license in another state?

This would depend on the licensing board in the other state. If the Nursing Practice Act (NPA) in that state has a similar violation to a violation of the North Carolina NPA, the other licensing board may initiate action on your nursing license in their state. This is known as Reciprocal Action.

CONSUMER ALERT

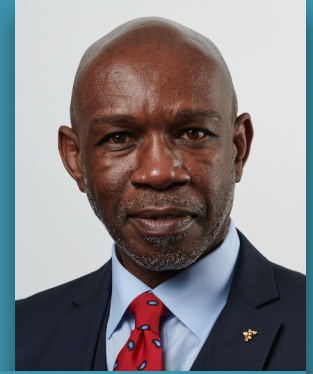**Be skeptical of professional licensing scams**

Attorney General
Josh Stein

If you have any questions about the authenticity of a call regarding an investigation, contact the NCBON directly.

(919) 782-3211

Q & A Corner

Licensure

What is the option if your temporary license is likely to expire before you're eligible for permanent licensure?

Tony Graham
MS, CPM
Chief Operations Officer

Applicants may create a profile within the NCBON nurse portal at any point. It is suggested to delay application submission until you are confident you can complete the endorsement process within six months. Internationally educated applicants awaiting immigration documentation are encouraged to pay close attention to their application submission date.

You may be eligible for a non-renewable Temporary License which permits employment as a licensed nurse in North Carolina (NC) while the application is in process. A Temporary License can only be issued within the first six (6) months of submitting the endorsement application. It is valid for up to six (6) months, or until the permanent license has been issued (whichever comes first).

Before applying and requesting a temporary license, be sure to consider:

1. When do I expect to arrive in NC?
2. Will I have all the necessary documentation for permanent licensure within six months?
3. Am I aware my permanent endorsement application will expire within 12 months of the application submission date?

Prior to the issuance of a Temporary License, the Criminal Background Check hard-copy fingerprints, forms and fees must be sent via mail to the NCBON for Out-of-State applicants. If you are a resident of NC, the Live Scan Application must be submitted online and the Criminal Background Check results received, or a hard-copy card of the fingerprints submitted prior to being reviewed for a temporary license.

Temporary licenses can only be issued once per lifetime and cannot be renewed or extended for any reason. An applicant must have a valid NC or non-compact state primary address on file in their Nurse Gateway portal and must not hold an active multistate license in another compact state. An active single state license is required at the time of issuance of the temporary license.

For more information, visit our website at https://www.ncbon.com/licensure-listing-apply-licensure-by-endorsement

Q & A Corner

Practice

What are the nurse's responsibilities for delegation?

Joyce Winstead
MSN, RN, FRE
Director, Practice

The delegation of nursing and non-nursing activities to unlicensed assistive personnel (UAP) is a component of both the registered nurse (RN) and licensed practical nurse (LPN) legal scope of practice. The nurse's legal scope of practice is defined by the Nursing Practice Act, General Statute 90-171.20 (7) for RN and (8) for LPN. The scope of practice is further defined in the North Carolina Administrative Code (NCAC). Administrative Code 21 NCAC 36 .0224 defines the RN scope and 21 NCAC 36 .0225 defines the scope for the LPN. The term UAP is not defined in nursing law or rules. A general definition of UAP is any unlicensed person who provides client care activities through the nursing delegation process. Titles for UAP may include but are not limited to: Nurse Aide I (NAI), Nurse Aide II (NAII), certified medical assistant (CMA), medical office assistant (MOA), and others.

Delegation is defined in Administrative Code – Rule 21 NCAC 36 .0120 (17) as "transferring to a competent individual the authority to perform a specific nursing activity in a selected situation." The nurse retains accountability/responsibility for the delegation. Delegation is a decision-making process that requires the nurse to use nursing knowledge and judgement, possess an understanding of nursing law and rules and other applicable laws and rules, and retain accountability for the delegation and outcome of the nursing care. Prior to delegating an activity to UAP, the nurse is accountable and responsible for assuring that the task/activity meets the criteria established in the North Carolina Board of Nursing (NCBON) Decision Tree for Delegation to UAP. It is important that the nurse's decision to delegate the activities is based upon their assessment of the client, competence of the UAP, practice setting variables, other state and/or federal laws and rules, and the agency's policies and procedures.

Decisions for nursing delegation to UAP must always be grounded in the protection of the public and the provision of safe competent nursing care. Effective nursing delegation requires the nurse to develop and maintain competencies for delegation. Provided below are NCBON resources for guidance regarding nursing delegation.

- The Bulletin article –Delegation:What are the Nurse's Responsibilities?
- Delegation and Assignment of Nursing Activities
- Delegation of Medication Administration to UAP
- Delegation:NAII Credentialed as Advanced EMT/Paramedic

The next issue of

The Bulletin

will be released in **February 2024**

What to expect...

- Free Continuing Education
- Nomination Form
- Strategic Plan Update

"There is always light.
Only if we are brave enough to see it.
There is always light.
Only if we are brave enough to be it."

–Amanda Gorman