REAPPRAISING AN INNOVATION IN RURAL NURSING EDUCATION
1984-PRESENT

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Purpose: The purpose of this presentation is to reappraise an innovative approach to nursing education implemented in 1984 in West Virginia. A small public college in central West Virginia partnered with a large state university to offer a BSN program for a rural, underserved area of the state.

Background: The challenges for the nursing profession in the 1980s are still with us today: shortage of nurses in rural areas, inaccessibility of nursing education for rural residents, limited availability of qualified nursing faculty and limited clinical learning sites. This partnership was conceived as a unique approach to meeting the state’s needs for nurses and nursing education. The challenges encountered have implications for program planning in West Virginia and across the nation.

Brief description of the undertaking: The Glenville State College (GSC) / West Virginia University (WVU) Joint Nursing Program was developed with a Title III Grant in 1984. Students were recruited from rural West Virginia and enrolled in pre-nursing courses at GSC. Qualified students were accepted into the joint nursing program in the sophomore year. The sophomore year of nursing was offered on the GSC campus, using the WVU nursing curriculum and was initially taught by WVU faculty. After the sophomore year, nursing students transferred to WVU Charleston Division in Charleston, WV, an urban center 100 miles away. There they completed the junior and senior years of the program, graduating with a BSN. The goal was to graduate approximately 20 students a year, many of whom, it was hoped, would return to central West Virginia for employment.

Outcomes: Approximately 229 students have graduated from the GSC/WVU Joint Nursing Program since its inception, fewer than anticipated. Many graduates have returned to central West Virginia and serve as rural nursing leaders. However, the institutional collaboration has not always been smooth. There have been numerous changes in administration and faculty within each institution. In addition, student outcomes have been inconsistent over the years. The inter-institutional agreement has repeatedly been modified so that now, only the freshman pre-nursing year is completed at Glenville State. Pre-nursing enrollment has declined, and applications to the GSC/WVU Joint Nursing Program are few. Glenville State is looking at different options for nursing education.

Conclusions: Partnership may be a feasible option for expanding nursing education into rural areas, but attention must be directed to long term implications of the commitment. Challenges are inevitable, especially when academic partners have different institutional missions and goals.