

Healthcare Workforce
Regional Partnership (HWRP)
Brightpoint Community
College Foundation

Strengthening the Nursing
Workforce Pipeline in GO Virginia
Region 4: Identifying Education
Barriers and Developing Solutions
Within Pathways

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Introduction

GO Virginia Region 4 faces significant challenges in sustaining a robust nursing workforce. Healthcare employers in the region report a widening gap between the demand for nurses and the supply produced by local training pipelines. Region 4 must fill hundreds of nursing positions annually, yet educational pathways are struggling to keep pace due to capacity constraints and systemic barriers. This report examines the nursing workforce pipeline in Region 4, focusing on education and training barriers at each stage and strategies to address them.

Nursing Education Program Capacity and Trends

Certified Nursing Assistant (CNA) Programs: Region 4 offers multiple entry-level Certified Nursing Assistant training options through high schools, community colleges, and workforce centers.

- **Capacity & Enrollment:** CNA classes are offered on a rolling basis; for example, Brightpoint Community College's nurse aide program is a 16-credit Career Studies Certificate that can accommodate cohorts multiple times per year. High school programs across the region also graduate dozens of CNA-ready students annually as part of health science courses. While exact counts of CNA graduates in Region 4 are not centrally aggregated, training providers indicate strong interest and full enrollment in most CNA cohorts. Many participants are seeking quick entry into healthcare employment.
- **Completion & Trends:** Completion rates for CNA programs are generally high for those who persist through the short training, and many graduates immediately take the state certification exam. Region 4 employers heavily recruit these new CNAs, but retention in CNA roles is an ongoing challenge due to the job's low wages and demanding nature. Many CNAs in Region 4 view the role as a stepping stone, gaining experience and then advancing their education to become LPNs or RNs. Nursing schools often give admission preference or credit for applicants with CNA experience.

Licensed Practical Nurse (LPN) Programs: LPN training provides the next level of nursing credential and is available through select regional institutions.

- **Capacity & Enrollment:** LPN programs tend to be smaller in size. Brightpoint's revamped practical nursing cohort is ~20–25 students per year due to clinical faculty limits. Henrico's high school LPN program similarly graduates around 15–20 students each year (students complete the program at an off-site clinical setting in partnership with Bon Secours).
- **Completion & Trends:** Over the past decade, LPN training capacity in Region 4 has contracted, largely due to Brightpoint Community College's temporary pause

of its LPN program from 2018–2022 as the college focused on RN training. Although Henrico’s high school LPN program and private providers such as Galen College continued to operate during that period, the pause reduced overall regional training capacity. With an aging population driving demand, there is now resurgence in LPN training. The new commonwealth-wide Community College LPN curriculum initiative (mandating a standard practical nursing curriculum across Virginia’s community colleges by 2026) is expected to bolster program consistency and facilitate LPN-to-RN transitions. Early indicators show strong interest: Brightpoint reported sufficient applications to fill its LPN classes, and other non-professional affiliated health programs (like CNA programs) are encouraging graduates to consider LPN pathways. With tuition support like FastForward and high job placement rates, LPN enrollment in the region is poised to grow. In recent data, Region 4 had roughly *50–60 LPN graduates per year* across all providers (community colleges, high school, and private programs) which is inadequate relative to the ~260 annual LPN openings in the region. The push to expand these programs is underway, but scaling up is constrained by the same faculty and clinical site shortages affecting RN programs (discussed below).

Registered Nursing (RN) – Associate Degree (ADN) and Diploma Programs:

Region 4 has several ADN (Associate of Applied Science in Nursing) programs that produce registered nurses.

- **Capacity & Completion:** According to a 2022 workforce analysis², Region 4’s ADN programs were collectively producing about 322 new RNs per year (as of 2019–2020 data). This includes ~128 graduates from Brightpoint and ~126 from Reynolds annually. Since 2020, those numbers have likely increased modestly with the entry of Galen College (which had ~374 total students enrolled by 2023).
- **Trends:** Demand for ADN program enrollment far exceeds the supply. Regional community colleges report turning away many qualified applicants each semester due to limits on class size. In Region 4, ADN programs are typically at full capacity and have waitlists or competitive admissions. Efforts are ongoing to expand through evening/weekend cohorts or LPN-to-RN bridge cohorts. Still, growth is constrained by the availability of clinical placements and instructors.

Registered Nursing (RN) – Bachelor’s Degree (BSN) Programs: Region 4 is also home to several BSN programs that produce RNs with four-year degrees.

- **Capacity & Enrollment:** VCU enrolls around 80–100 students in its traditional BSN each year and additional students in the accelerated track, keeping total BSN enrollment in the hundreds at any given time. Bon Secours College of

Nursing enrolls approximately 300–400 students across the BSN program (with multiple entry points per year).

- **Completion & Trends:** Across Region 4’s BSN programs, the annual output of new RNs was about 400 per year as of 2019–2020², and this has been relatively stable or growing slightly. Combined with ADN figures, the region has been producing roughly 700–750 newly-prepared RNs annually in recent years, which is still insufficient to meet current demand. BSN programs have likewise faced high demand and constrained growth: they have more applicants than spots. The limiting factors echo those of ADN programs: not enough faculty and finite clinical placement opportunities are keeping a cap on enrollment despite plenty of willing students.

Barriers In the Nursing Pathway

To understand where bottlenecks occur, it is useful to map the nursing education-to-employment sequence and highlight barriers at each stage. The nursing career pathway in Region 4 can be viewed as a ladder: individuals may start in entry-level roles and progress through higher nursing credentials, but challenges can arise at every step that hinder this progression. Below, each stage of the pathway is described with the barriers that students or trainees commonly face:

1. **High School – Awareness and Preparation:** Exposure to healthcare career paths often begin in high school. Region 4 offers some strong models; for example, specialty health science programs and academies in certain school districts, and a two-year practical nursing program in Henrico County allows high schoolers to graduate as Licensed Practical Nurses (LPNs). Students can also earn entry-level credentials like Certified Nursing Assistant (CNA) in some high school Career and Technical Education programs. Many students, however, do not have access to these early healthcare pipeline programs. Availability is limited to certain localities or requires competitive admission, leaving others to graduate without awareness of nursing career options or without relevant coursework. There is also inconsistent career guidance across different schools. In interviews, stakeholders noted a lack of alignment in how students learn about healthcare jobs. It is important to understand how students best absorb information about potential career paths, and “speak their language” by introducing nursing careers in their preferred format.
2. **Certified Nursing Assistant:** Many candidates enter healthcare via short-term CNA training after high school. In Region 4, a typical state-approved CNA course is ~140 hours offered through community colleges or adult education, followed by a competency exam. CNAs provide basic patient care in nursing homes, hospitals, or home health settings, and the role can be a springboard into

nursing. However, financial cost can be a barrier for low-income individuals. Virginia's FastForward workforce grant can underwrite much of the tuition for high-demand credential programs and the state's G3 program can cover the remainder of tuition, fees, and also some living expenses for community college students in healthcare programs. However, not everyone is aware of these funding resources. Lack of awareness or difficulty navigating the financial aid application process can result in some prospective trainees being deterred by cost when they could have attended nearly free. Beyond cost, another barrier is the nature of the CNA job itself. The work is physically demanding and often emotionally taxing (frequent exposure to illness, death, and high-stress situations). Some trainees struggle with these realities and drop out of courses or leave the job shortly after starting. Turnover in entry-level direct care roles is extremely high, and low wages also contribute to this churn. CNAs sometimes exit healthcare for other industries that offer better pay and schedules. Finally, while becoming a CNA is supposed to be a first step up the ladder, there is no academic credit given for CNA experience when pursuing higher nursing education. A CNA who wants to become an LPN or RN must still complete the full length of those programs; their hands-on experience may help in admissions or understanding course material, but it doesn't shorten the formal education required. This can be discouraging and creates a barrier to career mobility, and some CNAs feel "stuck" if they cannot afford or arrange time for further schooling.

3. **Licensed Practical Nurse Training:** The next rung on the career ladder is the licensed practical nurse. LPN programs provide a one-year diploma or certificate in practical nursing, preparing students to pass the NCLEX-PN licensure exam and work as entry level nurses under RN supervision. The first barrier is simply access and capacity. With few programs and limited class sizes (often only a few dozen slots), many interested students cannot find an LPN program with open enrollment in Region 4. This has begun to change with state policy, as Virginia's community college system is implementing a common practical nursing curriculum by 2026 and encouraging more colleges to offer it. This new framework also creates opportunities to expand online and hybrid learning models, allowing colleges to share teaching resources and increase enrollment capacity. By broadening the use of virtual instruction and simulation, programs can reach more students. However, even when an LPN program is available, admissions can be competitive. Programs may require applicants to already be CNAs or have prior patient-care experience, which sometimes may be an obstacle for those trying to enter nursing. Once enrolled, academic intensity and clinical requirements pose challenges. The LPN coursework is compressed into a year, covering much of the same nursing fundamentals that an RN program covers in two years. Students often have to juggle full-time class and clinical

hours with other responsibilities. Those who are working or parenting can struggle without significant support (i.e., childcare, flexible work hours, etc.). Clinical placements for LPN students can also be difficult to secure as some areas have limited clinical sites.

4. **Registered Nurse Education** – ADN and BSN Programs: In Region 4, this can be accomplished via a two-year Associate Degree in Nursing (ADN) at community colleges like Brightpoint or Reynolds, or a four-year Bachelor of Science in Nursing (BSN) at universities or colleges, such as, VCU, Bon Secours Memorial College of Nursing, or other institutions. All RN students must pass the NCLEX-RN exam to be licensed. The first major barrier is getting into an RN program. Demand far exceeds supply of openings. Nursing schools have strict faculty-to-student ratio regulations for clinical training and there is a shortage of nursing faculty to teach additional cohorts. As a result, programs cannot expand easily and have to turn away many applicants. As one local stakeholder explains, “there just aren’t enough spots in nursing schools and there aren’t enough nursing instructors.” Even after students are admitted, academic and logistical barriers can impede their progress. Region 4 schools have noted that students balancing work and family responsibilities is often tough for students. For example, a single parent in an ADN program might find it impossible to attend a 6-hour clinical practicum twice a week in addition to classes and a job. This speaks to the need for support services (i.e., childcare, transportation, financial aid) to reduce attrition. Another critical barrier is the limited availability of clinical placements for training. RN programs require students to complete clinical rotations in various healthcare settings. Schools sometimes report difficulty securing enough placements in certain specialty departments because multiple nursing programs are vying for the same sites. Scheduling of clinicals is another challenge. Only some sites may offer night or weekend schedules, which not every student can accommodate, and coordinating schedules between the school and the clinical site can be complex. All these factors mean that even if a program wanted to increase its enrollment, it might not have enough clinical placement capacity for the additional students. Finally, financial strain remains a barrier through the RN training stage. Tuition for ADN programs at community college can be mostly covered by G3 for eligible students, and there are scholarships for BSN programs, but living expenses and the need to reduce work hours during nursing school create hardship. Many nursing students still must work part-time (or even full-time) to support themselves or their families, and this can conflict with the demands of the program.

Solutions and Interventions to Strengthen the Nursing Pathway

In Region 4, momentum is building around collaborative, forward-looking efforts to strengthen the nursing pathway. This section spotlights innovative solutions that are bolstering the region's nursing workforce pipeline. These efforts aim to ensure the healthcare system has the skilled nurses it needs now and for the future.

1. **Expanding Nursing Faculty Capacity through Academic–Clinical**

Partnerships: A top priority for Region 4 is expanding the capacity of nursing programs, which are currently constrained by a shortage of instructors.

Academic–clinical partnerships offer a strategic solution by sharing faculty and resources between schools and healthcare employers. For example, some hospitals may explore joint appointments where experienced staff nurses serve as adjunct nursing faculty while continuing in their clinical roles. In these models, wages are aligned with clinical practice salaries, ensuring that nurses who teach are compensated at a level comparable to what they would earn in clinical practice, which removes one of the biggest financial disincentives to teaching. This model benefits both sides: colleges gain qualified instructors, and clinicians gain career development. Region 4 stakeholders support these models. In a recent convening, educators and employers alike highlighted joint faculty appointments as robust strategies to “strengthen/increase teaching capacity” and boost nursing program enrollment. In an example of this partnership, HCA Healthcare, which operates multiple hospitals in Region 4, partnered with Galen College of Nursing to rapidly expand nursing education. Hospitals like Bon Secours have similarly deepened ties with academia, operating their own college of nursing and providing clinical sites, tuition support, and educator expertise to train future nurse. These partnership models are innovative, forward-looking solutions that leverage combined resources to expand faculty capacity and produce more nursing graduates for Region 4.

2. **Engaging Students with Visual and Experiential Nursing Pathway Tools:**

Another set of solutions focuses on inspiring the next generation of nurses by making nursing career pathways visible, engaging, and attainable to youth and adult learners. Stakeholders across Region 4 stress that all students, starting as early as middle school, need clear and compelling information about nursing career options and pathways. To meet this need, schools and workforce groups are developing visual roadmaps and media that demystify the steps to become a nurse. For example, schools can create booklets, websites, and interactive career portals that outline programs, career pathways/curriculum and the progression, salary structure, and job opportunities in healthcare. These career

maps may show multiple entry points, such as Certified Nurse Aide or Licensed Practical Nurse, and the educational ladder up to Registered Nurse and beyond. Educators may even adapt the narrative for high schoolers by emphasizing a pathway of certification to degree so students see that starting with a CNA or LPN certification can lead to an RN and BSN over time. This reframing may be illustrated with visuals (e.g. flowcharts of CNA → LPN → RN → BSN) and testimonials from local nurses who progressed through these steps.

Beyond static materials, Region 4 is embracing immersive and experiential tools to spark interest in nursing. High schools and colleges are utilizing simulation labs and hands-on demonstrations to let prospective students “try on” the nursing role. For instance, Henrico County’s two-year high school nursing track gives 11th–12th graders a real clinical experience; students spend summers in hospital rotations through a partnership with Bon Secours, graduating high school ready to sit for the LPN licensure exam. This kind of early exposure pipeline not only teaches skills but also allows teenagers to visualize themselves as healthcare professionals.

Region 4 organizations are also taking career exploration outside the classroom into the community. Large-scale career showcases are opportunities for healthcare employers to host interactive booths for students in grades 6–12. At these events, youth can practice clinical skills in mock scenarios, try on nursing uniforms, and engage with nursing faculty and hospital staff. Meanwhile, regional healthcare partners ensure visibility by maintaining a presence at initiatives like Mission Tomorrow, a major career expo that introduces middle-schoolers to high-demand fields.

3. **Aligning Curriculum for Seamless Nursing Pathways:** The third innovation area is strengthening credit and curriculum so that students can move smoothly from one training level to the next without losing momentum. In the past, misaligned curricula meant that a student might complete a high school health sciences program or earn a community college certificate, only to find many of their credits would not transfer to the next institution.

A major advancement supporting this effort is the Commonwealth-wide Community College LPN Curriculum Initiative, which mandates a standardized practical nursing curriculum across all Virginia Community Colleges by 2026. This statewide alignment will ensure that an LPN student in any region receives the same core instruction and can transfer into an RN or BSN program. For

Region 4, this reform means that practical nursing graduates will be able to matriculate directly into associate or bachelor's degree programs with minimal duplication of coursework. It also allows employers and educators to build clearer bridges between LPN training and higher nursing education, strengthening the overall pipeline.

Agreements between universities and nursing schools are also beneficial in Region 4. For example, Brightpoint Community College offers an Associate Degree in Nursing and maintains articulation agreements with nine area universities for guaranteed transition into BSN programs. This means a Brightpoint nursing graduate can enter a RN-to-BSN program at partner universities (such as VCU or VSU) with junior standing, confident that their credits will carry forward. Other regional colleges have established similar pathways: Reynolds Community College maintains transfer agreements that support seamless progression to university-level nursing degrees, and VSU offers an online RN-to-BSN completion program tailored for working nurses. Another best practice now expanding in the region is co-enrollment models. Instead of completing an entire degree and then starting anew, co-enrollment allows overlap of educational stages. VCU's School of Nursing, for instance, opened a co-enrollment RN-to-BSN pathway with local community colleges that enables associate-degree nursing students at Brightpoint, Reynolds, and others to begin taking BSN courses online through VCU while still finishing their associate degree. Co-enrolled students get access to university resources and can finish the bachelor's much faster after obtaining RN licensure.

Conclusion

GO Virginia Region 4 is at a pivotal moment in strengthening its nursing workforce. Educational institutions, healthcare employers, and workforce partners now share a clear understanding of both the challenges and the path forward. The region faces persistent capacity constraints, faculty shortages, limited clinical placements, and uneven awareness of nursing career options. Yet, there is growing alignment around coordinated solutions that address these barriers systemically.

Through expanded academic and clinical partnerships that grow faculty capacity, engaging visual and experiential tools that attract new entrants, and statewide curriculum alignment that creates a pathway from LPN through BSN, Region 4 is building a more resilient nursing pipeline. Continued investment and collaboration among colleges, hospitals, and workforce boards will be essential to sustain these efforts. By maintaining this shared focus, Region 4 can become a state leader in nursing

workforce innovation, ensuring that residents have clear, supported pathways into the profession and that the region's healthcare system has the skilled workforce it needs for the future.

References

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