

The Nursing Faculty Shortage: A Public Health Crisis

Prepared by Maureen Sroczynski RN, MS
for
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Overview

The United States is in the midst of a dramatic nursing shortage. The issues that create this crisis are complex, interrelated and long term. A number of recent studies and reports point to a common set of concerns including an aging professional population, a shrinking cohort of entry-age workers, an increasing demand caused by the aging baby boomer population, varied non nursing employment alternatives, a mismatched diversity within the profession and current workload pressures as causative factors. As the need for additional nurses continues to grow, the healthcare industry cannot fill the positions that are currently vacant. A recent national study projected the gap between the supply and demand for registered nurses to be 808,000 by 2020.¹ The Joint Commission on Accreditation of Health Care Organizations reports that over 126, 000 nursing positions remain unfilled in hospitals nationally with even more acute shortages in long term care and home-health care agencies.

The combination of increasing demand for nursing services, the decreasing availability of nurses and the disincentives for nurses to advance their education have also created a shortage of nurse educators. Schools of nursing report major vacancies in faculty driven by increasing retirements, competition with salaries in the provider settings and limited numbers of masters and doctoral educated nurses. The American Association of Colleges of Nursing (AACN) reports that master's and doctoral program graduation rates declined by 2.5 percent and 9.9 percent, respectively in 2003.² There is also an increasing desire by service settings to have nurses who are prepared at the doctoral levels for positions in health care organizations. While there has been an increase in the number of graduations, admissions and enrollments in nursing programs nationwide in 2003, the AACN report also notes that more than 11,000 qualified students were turned away from baccalaureate nursing programs due to limited faculty, clinical sites and classroom space. Anecdotal reports indicate that community colleges are facing the same dilemma.

While there is growing data at the national level on many of these factors, statewide and regional data is insufficient to totally define the scope and nuances of the faculty shortage in Massachusetts or to identify the "best practices" needed to create improvements on the supply side of the shortage equation. In the NUCLI commissioned report, "*But Who Will Teach Them*", informal data indicated that the majority of the 41 approved Registered Nurse Education programs in Massachusetts are operating at full capacity and most have substantial waiting lists.

In examining the complexity of this problem, there is a general consensus that solutions will only be generated through a multi stakeholder approach that addresses the relationships between multiple variables and the systemic issues in education, health care delivery systems, workforce development and public policy.

¹ Projected Supply, Demand and Shortages for Registered Nurses: 2000-2020. Rockville, Md. National Center for Health Workforce Analysis, US Department of Health and Human Services. 2002

² As cited in AONE eNews Update, Jan.2, 2004

The Massachusetts Problem

The Workforce Perspective

In Massachusetts, according to a recent study by the Massachusetts Hospital Association and the Massachusetts Organization of Nurse Executives, the state is experiencing a 10 percent vacancy rate in acute care facilities, the highest rate in almost 14 years. In long term care the shortage is closer to 22 percent. The overall shortage is projected to reach 29 percent by 2020. In hard numbers, there are estimated to be about 7000 nurse vacancies in the state at the present time. The Massachusetts Department of Employment and Training (DET) projects an expansion of 12,000 new nursing positions by 2010.³ The current nursing shortage impacts all levels of health care in every region of the state, from the major teaching hospitals in Boston to the rural, community hospitals in the Berkshires and from hospital nursing to long term care and home care.

This shortage is different from past nursing shortages. Two distinguishing factors are the aging of the nursing workforce and the overall shrinking of the workforce. The most recent National Sample Survey of Registered Nurses reports that the average age of the working registered nurse population was 43.3 in March 2000. In Massachusetts, the average age is even higher at 45.7 years. The RN population under the age of 30 dropped from 25.1 percent of the nursing population in 1980 to 9.1 percent in 2000.⁴

Retention issues and turnover rates are also contributing to current vacancy rates. The image of nursing as a demanding role with increasing workload stress may be keeping qualified new recruits away. Currently, young people, particularly women are not choosing to become a nurse because they have more appealing career options to choose from. Data gathered by the Massachusetts Colleagues in Caring Collaborative (MACICC) indicates that nurses typically leave their positions due to workplace issues such as greater workloads, inadequate staffing, changing roles and workplace safety.⁵ Many employer-based solutions such as increased salaries, sign on bonuses, referral bonuses and flexible scheduling options are being utilized as short-term solutions to address these vacancy issues.

Long term recruitment strategies are also being implemented to varying degrees. Marketing campaigns such as the one sponsored by Johnson & Johnson are working to change the image of nursing and attract new people to the profession. Legislative efforts at the federal and state level are aimed at raising public awareness of the shortage and providing funding to individuals interested in nursing careers. Collaborations between public and/or private entities including healthcare employers and schools of nursing are also being developed to bring students into nursing programs and to build loyalty toward

³ As cited in *But Who will Teach Them* prepared by Lisa Young for the Nursing Career Ladder Initiative (NUCLI), Spring 2003

⁴ From HRSA, Bureau of Health Professions: *The Registered Nurse Population: Findings from the National Sample Survey of Registered Nurses* at bhpr.hrsa.gov/healthworkforce/rnsurvey/

⁵ Massachusetts Colleagues in Caring Collaborative. 2002 *The 2001 Massachusetts Nurse Workforce Survey-Executive Summary*. Available at www1.miser.umass.edu/CICC/

potential employers. In Massachusetts, recruitment efforts to bring new students into the field are ongoing across the state and include efforts targeting high school students and adult workers who may be considering a career change.

The Education Perspective

Recruitment efforts may be paying off. The National League for Nursing recently reported that admission and graduation rates for all nursing programs (Diploma, ADN and BSN) have increased by 6 percent and enrollments have increased 15 percent. If all these new graduates pass their licensure exams, 75,000 new RNs will be able to join the workforce. However, this increase is a drop in the bucket compared to the need.⁶

Unfortunately, the increased recruitment efforts may not continue to be effective if there is no space within nursing education programs to provide education to qualified applicants. The AACN 2003 report found that 11,304 applicants who satisfied or exceeded admission requirements were denied admittance to entry-level nursing programs. The major causative factors for admittance denials at all RN educational levels appear to be faculty shortages, limited sites and support for clinical rotations and lack of lab facilities.

After five years of declining enrollments and admissions, the Massachusetts Board of Registration in Nursing (BORN) reports that admissions for all RN programs rose 9 percent in 2001 and another 3 percent in 2002. Enrollment figures remain constant. Of particular interest is an 18 percent increase in the number of baccalaureate degree admissions for 2001 and 8 percent for 2002. At the ADN level, an informal survey of the 15 Massachusetts community colleges in the fall of 2002 indicated that applications have increased and the majority of programs have a waiting list of qualified candidates.

The Economic and Public Health Impact

As an economic sector, health care is the state's second largest employer, accounting for over 400,00 jobs, or 14 percent of employment. That number is projected to climb. Registered nurses account for more than eighteen percent (18.2%) of all health care workers, 61,920 at the bedside and 1,2040 in other positions. According to the Massachusetts DET, the number of jobs for registered nurses is expected to climb to 84,410 by 2008. This increase, mostly in bedside positions, translates to an annual number of new openings of 2,270 from 2002 to 2008. Approximately half of this number will replace retiring nurses and half will meet the increased demand for healthcare services, created by the aging population and increased life expectancy. As schools of nursing capacity continues to diminish due to faculty shortages, there is a major gap between this demand and the supply potential.

The inability of organizations to fill ongoing vacancies and/or recruit additional staff threatens healthcare access, service and quality. Anecdotal evidence nationally indicates that RN shortages are having an impact in a number of areas including reductions in numbers of staffed beds, closed nursing units, Emergency department overcrowding and diversions, increased wait times for surgery and cancellations of elective surgeries; discontinued programs or reduced service hours; curtailed plans for facility expansion

⁶ As cited in the NLN News December 13, 2003.

and acquisition of new technology. Acute care facilities are also experiencing diminished capacity as they are unable to access long term care and home health services due to staffing shortages in those environments. A number of recent studies have also found that RN staff numbers directly impact quality issues including patient and family complaints, patient falls, skin breakdowns and some types of infections. Healthcare facilities consistently monitor these types of quality measures as they struggle to maintain staffing levels in the face of the growing shortage. As the Why Care Leadership Forum details in their “*Massachusetts Health Care: On the Brink*” report, “the continuing demand for more services, the financial instability of many organizations and the growing workforce shortage could potentially push the entire system over the edge”.⁷

The Nursing Career Ladder Initiative (NUCLI)

Project Development

As an initial response to the nursing shortage, Commonwealth Corporation in partnership with a state Advisory Committee comprised of 30 healthcare, education, workforce development, union, and nursing professional organizations began the Nursing Career Ladder Initiative (NUCLI) in the summer of 2002. NUCLI received 2.9 million dollars of start up funding from the U.S. Department of Labor to develop a statewide career ladder infrastructure for nursing and, more specifically, to bring 1000 individuals into the nursing pipeline.

The NUCLI project began by examining the complexity of the nursing shortage in Massachusetts. In depth discussions were held with employers, educators and the workforce development programs throughout the state to discuss changes in the infrastructure, new partnership models and potential funding for workforce development opportunities in the healthcare arena.

Following an assessment process designed to pinpoint service gaps, the program began to unfold in a regional pattern throughout the state. Regional Advisory Committees, composed of all major stakeholders, selected projects designed to bridge the gaps identified during the assessment phase. The commitment of all stakeholders was demonstrated by the one for one-dollar match grant requirement that was secured in each region.

The various regional projects focus on increasing student retention, expanding school capacity, developing a loan forgiveness program for community health centers; preparing foreign trained nurses for practice and faculty development programs. In addition to the regional projects, there is a statewide model for career coaches and a pediatric home care education program.

As the projects began to unfold there was a consistent theme that emerged as a significant barrier to NUCLI’s success. The shortage of nursing faculty throughout the state was pervasive and represented a major obstacle to sustaining the initiative results.

⁷ Why Care? Massachusetts Health Care on the Brink developed by the Why Care Leadership Forum, 2003

Analysis of this problem began with intensive interviews of deans and faculty in the schools of nursing across the state in individual and group meetings. In reviewing the information discerned from this initial assessment of the nursing education system, the State Advisory Committee (SAC) commissioned a study entitled “*But Who will Teach Them*” to uncover the multiple, interdependent issues affecting the faculty shortage and to identify promising practices and/or potential solutions. The SAC also decided that the faculty shortage issue would be their top priority, as an ongoing statewide strategy was definitely needed to sustain a nursing workforce development infrastructure.

The Faculty Shortage--- A Summary

In developing the “*But Who Will Teach Them*” report, the author, in collaboration with various members of the SAC, conducted in depth interviews with various stake holders, reviewed data and analyzed models, partnerships and innovations to deal with the faculty shortage from across the state and the country.

▪ Scope of the Shortage

As with the nursing shortage, the faculty shortage is the result of a number of complex factors. These factors include the aging of faculty, increasing retirements, lower salary levels compared to clinical roles, the challenges in an academic environment, the length of time it takes to get a graduate or doctoral degree in nursing, the lack of graduate programs with educator tracks and the fiscal crisis in Massachusetts.

There is no specific data regarding the age of nursing faculty in Massachusetts. Certain points of data indicate that the faculty corps is likely of an age in line with the national averages. Nationally, the median age of nursing faculty is 51.2 years.⁸ Informal survey data collected from the publicly funded schools of nursing indicates that the average for nursing faculty at state colleges and the UMass campuses is between 50-55, while at the community colleges, the age may be a bit younger.⁹

The current faculty vacancy rate in Massachusetts averages approximately 17 percent at ADN programs and 6 percent at BSN programs. The vacancy rate is expected to remain at this level or increase over the next several years. The problem is that there are minimal numbers of individuals in the nurse educator pipeline to replace those who do retire. Nurses are not choosing to further their education.

In fact, many nurses report there are inherent disincentives in salary and advancement opportunities if they leave their positions to acquire an advanced degree. Unlike other professions, who have built in incentives (promotions and higher rates of pay) that correlate to educational advancement, nurses are rewarded financially and professionally for their time on the job. A nurse who leaves practice to obtain an advanced degree usually loses ground to her colleagues who remain in practice over the same period. In addition, there appears to be limited capacity in nursing graduate programs to support nursing education programs. While a number of schools have such courses on the books,

⁸ As cited in AACN Nursing Faculty Shortage Fact Sheet 2003.

⁹ As cited in *But, Who will Teach Them* prepared by Lisa Young for the Nursing Career Ladder Initiative (NUCLI), Spring 2003

few were offering these courses on a regular basis, largely, it seems, because students were not choosing these courses. Nurses generally do not pursue graduate education until they are older. The average number of years from entry into a Masters degree program to completion of a doctoral degree is 15.5 years.

In Massachusetts, only 10 percent of nurses have an MSN (the minimum degree required to teach in a nursing program) and 35.9percent have their BSN. Although these figures are slightly higher than the national average, most of the nurses in Massachusetts (78.2%) do not plan to seek additional nursing education during the next two years. Furthermore, in light of current trends, it is clear that the vast majority of students who are pursuing an MSN degree are not seeking the advanced degree in order to become nurse educators, but instead are choosing clinical practice or nurse practitioner degrees. These positions are attractive because they typically involve a relatively high salary level and a higher level of autonomy than other roles.

In Massachusetts public higher education, the nursing faculty crisis was recently exacerbated by the passing of the state's Early Retirement Incentive Program (ERIP). ERIP gave state employees, including nursing faculty 5 years grace towards retirement their retirement. Nursing faculty aged 55 and older could retire immediately and many did. The nurse faculty vacancy rate for publicly funded schools of nursing in 2003 was estimated at 30%. With the passage of another round of ERIP in the FY'04 state budget, this number is expected to grow by the start of the January semester.

There is a lack of current statewide data for current and projected faculty retirement across all nursing programs; the availability of Masters prepared nurses who might be interested in nursing education and the current employer/School of nursing partnerships focused on enhancing faculty development. While nursing education has definitely felt a heavier burden from a shrinking pipeline; there is no statewide framework to project the overall impact on nursing education programs or define strategies to build and effective pipeline for faculty.

▪ **Recommendations**

Like the overall nursing shortage, there is no one solution to the nursing faculty shortage. The complexities involved suggest that no one group or organization of individuals or even organizations will be able to furnish solutions, provide the resources to enact solutions or make the lasting changes required to prevent the situation from occurring again. Solving the faculty shortage requires collaboration among a range of stakeholders who are invested in improving the situation for the long term. RN programs, graduate schools of nursing, healthcare employers, state and federal policy makers and funders must come together to create and implement a solution focused strategy.

Strategies must address both the recruitment and retention of faculty and include ways to address the any barriers that have been described above. Hiring practices, compensation structures, collective bargaining procedures and contracts need to be examined to determine where other barriers may exist. Both short and long term strategies must be implemented to maintain current enrollments and respond to future needs.

Specific longer-term strategies can be categorized into the areas of support for schools; partnership development and involvement of a broader base of stakeholders include:

- **Strengthening partnerships**

Current efforts under way across the state are focusing on the immediate need for clinical instructors. Schools of nursing are partnering with healthcare employers to find creative approaches to finding qualified clinical instructors. Some of these approaches include employers paying for these instructors or the utilization of joint appointments in which the nurse educators have responsibilities at both the schools and the healthcare employer. These partnership moles need to be strengthened and expanded beyond the “clinical site connection”

Across, the country innovative approaches to partnerships involve joint research opportunities and standardization of dual appointment roles. These approaches provide beneficial professional development, advancement of professional nursing practice and sharing of resources between schools of nursing and healthcare employers.

- **Support for schools of nursing and faulty roles**

To recruit new nursing educators, schools and their partners must find ways to make the faculty role more attractive and easier to obtain. Faculty need to publicize the rewards of teaching, research and service within the academic setting. Other approaches to developing a more positive view of nursing education roles include:

1. Compressing the time to achieve a Ph.D.
2. Marketing of the educator role.
3. Development of mentor and preceptor roles in the academic setting.
4. Finding of resources to maintain and expand lab facilities and other technologies.

- **Increased collaboration with stakeholders**

Because many of the parameters affecting nursing education and healthcare are generally established or influenced by government entities, state and federal policymakers must be viewed as partners in the efforts to resolve the faculty shortage. This increased collaboration should focus on:

1. Generation of funding and technology resources
2. Education of policy makers and the public
3. Development of longer term solutions

Strategies to address the faculty shortage will need to go hand in hand with strategies to recruit more individuals into the nursing profession. Efforts are underway at statewide and regional levels to do both. Reaching the objectives for both shortage areas will require effective, ongoing collaboration between schools of nursing, healthcare employers, workforce development organizations, legislators and other key stakeholders. The NUCLI has started the process of strengthening the nursing workforce. To insure the continued success and sustainability of this effort, the NUCLI partnership needs to work with healthcare employers and educators across the state to develop a statewide strategy to address the faculty shortage.

Alleviating the Faculty Shortage--- The NUCLI State Advisory Committee Strategy

Upon receipt and review of the “*But Who Will Teach Them*” report, the NUCLI State Advisory Committee (SAC) formulated a framework to follow through and address the report recommendations. The components of this framework included education on the faculty shortage issue in Massachusetts; increased stakeholder involvement; development of a public policy consensus agenda and the implementation of a statewide strategy to address the faculty shortage.

Education and Stakeholder Involvement

On June 17, 2003 the Sac sponsored an invitational solutions focused educational conference. Approximately 100 stakeholders representing various constituencies attended this day-long program focused on the faculty shortage. National and statewide examples of partnership models and innovations to address the faculty shortage and build educational capacity were presented. In addition, attendees participated in regional group sessions to discuss current partnership models, opportunities to expand and enhance these partnerships and the resources needed to fully address the faculty shortage on a statewide basis. The regional groups were then asked to prioritize these needs and discuss immediate action plans.

The consistent themes of these regional priorities included the need for a legislative approach to provide incentives and support for nursing education and the need for a formalized incentive program for partnerships to build capacity and increase faculty. The outcomes of this conference were then reviewed by the SAC and incorporated into the statewide strategy to address the faculty shortage. This comprehensive model is designed to address both short and long term solutions to this complex issue.

The Public Policy Agenda

Integrating the suggestions from the educational conference, the Sac worked with the staff of Senator Richard Moore, Senate Chair of the Healthcare Committee to develop legislative focus on the faculty shortage. As there was legislation pending to address the nursing shortage, the Sac suggested language changes to focus on faculty incentives be incorporated into these bills. This pending legislation includes:

1. The Clara Barton Bill (Senate 2156)

This bill would provide scholarships for nursing students as well as loan repayment. Language has been added to expand the bill’s benefits to students who want to become educators.

2. The Nurse Collaborative Bill (Senate 302)

This bill is focused on expanding the current Center for Nursing to include Legislators and administration staff to develop and implement strategies to address the supply and demand of the nursing workforce. Language has been added to make the faculty shortage a key issues for the Collaborative to address.

In addition to this pending legislation, the SAC is evaluating the most effective approach to deal with:

1. The impact of budget reductions and the early retirement program on publicly funded nursing education programs and the need to stabilize the existing capacity and numbers of nursing faculty in these programs.
2. The need to collect and compile more comprehensive statewide data on the faculty shortage and the available pipeline.

Development of a Statewide Faculty Initiative

This strategy would involve the creation or utilization of a current multi-stakeholder group with representative from industry, labor education, workforce development and state government to be designated to oversee a statewide strategy focused on the development of healthcare employer –education partnerships. Each partnership would have three primary goals with each goal being beneficial to the educational institution and the employer.

The Sac proposes that it be initially designated as the oversight organization with this role transitioning to the Massachusetts Center for Nursing as it becomes more permanently established.

The purpose of this oversight group would be to seek and oversee the allocation of funding to support the education-employer partnerships as they developed programmatic approaches to meet each goal.

The goals of each partnership would include:

- 1) The training and loaning of qualified nurses to teach in partner schools and/or supervise clinical rotations. Funding support would include the back filling to the vacancies by this loan.

- 2) The recruitment and enrollment of BSN, ADN and Masters-level nurses into Fast-track nurse educator programs (Masters and Doctoral). Employers would be supported to provide partial release time or flexible schedules to nurses who participate in these advanced degree programs. These nurse participants would commit to a 2-year dual-assignment contract upon graduation. They will continue to work part-time for their host employer and part-time in a faculty position. Their host employer will also pay them at the salary level commensurate with their years of experience.

- 3) The establishment of Centers for Partnerships in Nursing Education, Research and Practice. Funding support would provide for demonstration projects between educational institution and employer or a consortium of employers and educational institutions. Funded activities would include joint research, education, leadership and other demonstration projects. Funding could also be used for doctoral fellowships and all schools of nursing would benefit and share resources.

The development, implementation and evaluation of this initiative is expected to take place over a three-year period. Five (5) employer-education partnerships will be selected via a competitive bid process as demonstration sites. Tuition and project management support will be provided to each partnership site. The NUCLI partnership, which will administer and oversee this initiative, will provide development assistance; ongoing technical assistance and support; evaluation and best practice identification;

dissemination of information across the state to other potential employer-education partnerships. Selected partnerships will have built a sustainability strategy into their initial proposal and planning phase that will ensure continuation of partnership success. The projected cost of this initiative over the three-year timeframe is \$5,000,000.

Conclusion

The Faculty shortage is a complex, multifaceted, expanding problem. It is one of the root causes of the increasing nursing shortage. The deficit of master's and doctoral prepared faculty poses an immediate and devastating threat to the entire nursing education system. The lack of capacity in educational institutions that arises from the faculty shortage combined with the increased demand needed by the healthcare industry poses a long lasting threat to the entire Massachusetts healthcare system.

The nursing shortage will never be abated until creative approaches to address the Faculty Shortage are designed and fully implemented. These solutions need to be focused; comprehensive, sustainable and full funded.

The Nursing Career Ladder (NUCLI) State Advisory Committee (SAC) Faculty Shortage Strategy is a comprehensive, sustainable prototype that is crafted to provide both short and long term solutions to the Faculty Shortage. This strategy addresses both employer and educational institutions need and creates a comprehensive partnership model that strengthens commitment, relationships and communication. This collaborative effort builds on the work done in the Nursing Career Ladder initiative and is designed to provide systemic efficiencies in health care delivery systems, education, public policy and workforce development.

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